CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

RP 2007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. If available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval: Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Prints & 1 positive for hospital

C. P. Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT OF LEGISLATIVE REFERENCE

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18 Sept 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Rose

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 325 S. Dallas St.

Cause of Death, First (Primary,) Cerebro Pulmonalis

Second (Immediate,) Asthenia & Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cemetery

Date of Burial, Sept 20th 1879

Undertaker, Lemmy & Mitchell

Place of Business, 1818 Broadway *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; in cases of births and deaths of illegitimate children.

[over.]

No. 35002

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Marie Booth

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, — *Years,* Fifteen *Months,* Twenty Five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 60 Fairmount Avenue

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 19th 1879

Wm H. Cleandinen, M. D.
Medical Attendant.

Undertaker, M. A. Wagner

Place of Business, 74 S. Broadway *Address,* No. 107 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 18. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dittman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 88 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lancaster Pa.

Duration of Residence in the City of Baltimore, 80 yrs.

Place of Death, {Give street and number} #321 N. Eden st.

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) Exhaustion

Duration of last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sept 20th 1879

Geo A Hartman M. D.
Medical Attendant.

Undertaker, Wm H Hartman

Place of Business, 1a 234 Jay

Address, #305 N Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

No. 35004

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Yanmer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 45 Fairmount Ave

Cause of Death {First, (Primary.) Premature Birth

{Second, (Immediate.) Spasms

Duration of last Sickness, very delicate — 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem

Date of Burial, Sept 19th 1879

Thos A Steiner M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, Broadway

Address, Commissioners Hall & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John H. Coulter

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Davis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 0 *Years,* 7 *Months,* 9 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 7 mo. 5 days

Place of Death, { Give street and number. } 39 York St.

Cause of Death, { First (Primary,) Diarrhoea / Second (Immediate,) Hydrocephaloid

Duration of Last Sickness, 5 mo.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Sept 19 1879

J A Brandon M. D.
Medical Attendant

{ *Undertaker,* James O Byrne
{ *Place of Business,* 63 Fulton St *Address* 163 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Davis

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Eighteenth year *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow ~~Dorchester Co. Md.~~

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Eastern Shore Dorchester Co. Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Baltimore 37 N. Eden st

Cause of Death, First (Primary,) Bilious Dysentery

Second (Immediate,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery H. C. Cockey M. D.

Date of Burial, Sept 20 Medical Attendant.

Undertaker, Fry & Bro Address No 2 South Exeter st

Place of Business, 34 & Broadway. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Louisa Fretz

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... 6 ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ... Greenlis

Date of Burial, ... Sept 2nd 1879 ..... *M. D.*

Medical Attendant.

Undertaker, ... Wm. Sanders

Place of Business, ... 3 E Centre St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35008

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35008 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas A Lockington

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 35 yrs

Place of Death, {Give street and number} 24 Poultney St

Cause of Death, First, (Primary.) —

Second, (Immediate.) Believed to be Apoplexy

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 20th 1879

Undertaker, Henry K Mears

Place of Business, 145 N Gay St

R. C. Lee M. D.
Medical Attendant

Coroner's D.

Address, Hanover Bank &c.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. SELLERS & CO., CITY PRINTERS AND STATIONERS.

No. 3000.9

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35009

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 18th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Cooper

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Caroline Co. Md.

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number} 5 Plum Alley

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, One years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 20

Undertaker, H. Eccles 320 S.S.

Place of Business, 71 E. Monument St

R. Moale M. D.
Medical Attendant.

Address, 260 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 79

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza L. B. Krager

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female

Age, 69 *Years,* 5 *Months,* 28 *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, ~~House~~ —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 348 N Lombard st

Cause of Death, First (Primary,) Suppressed Malignant Disease of the Liver

Second (Immediate,) Peritonitis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Sept 21st 1879

John D Pennington M. D.
Medical Attendant.

Undertaker, Jno H. Weaver

Place of Business, 22 W Fayette st *Address* 98 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [redacted]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35011,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary K. Liffert

Sex, ~~Male or Female,~~ {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 46 Division St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 20th 1879

Undertaker, Andrew-Leib

Place of Business, 112 [illegible]

J. H. Mellis M. D.

Medical Attendant.

Address, 89 Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Septem 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Johnson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 63 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 63 yrs.

Place of Death, {Give street and number} City - Hospital

Cause of Death { First, (Primary,) Cramp Colic

Second, (Immediate,) Asthenia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balto. Public Cemetery

Date of Burial, Septem 19 1879

Undertaker, Pat. Mullins

Place of Business, 67 Canton Ave.

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph S. Ford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Commission Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore. about 8 years

Place of Death, {Give street and number.} 191 West Lombard St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Co Md

Date of Burial, Sept 20th 1879

Undertaker, John Mercher

Place of Business, 180 Lombard

D. Wm Wall M. D.

Medical Attendant.

Address 18 So Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Jan 21st 1881

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35014,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. Brooks.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White. *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number.} 228 Pine St.

Cause of Death, {First (Primary,) Old Age.
Second (Immediate,) ~~Heart Disease.~~ Ill't in bed.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 19 1879

Jno. G. Wilkins M. D.
Medical Attendant.

{*Undertaker,* B. H. Chase & Co. *Address* Patterson Park.
Place of Business, No 176 Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 19 1879 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Taylor

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, about 80 ? *Years,* *Months,* *Days.*

Color, Col

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Washwoman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 51 L. Monument St

Cause of Death { First, (Primary,) Apoplexy

Second, (Immediate,) 3 or 4 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 20 1879

Undertaker, D. F. Chase

Place of Business, 77 Monument

H. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 10 1879 BALTIMORE

Date of Death, Sept 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellamore [illegible]

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 29 *Years,* 1 *Months,* 27 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va Talbot Co

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 2 Courtland St

Cause of Death First, (Primary,) Para-pneumonia.

Second, (Immediate,) Hemorrhoid Phthisis

Duration of last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Loudon County.

Date of Burial, Sept 12 1879

Undertaker, [illegible]

Place of Business, [illegible]

E Jno Walls *M. D.*
Medical Attendant.

Address, 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th September 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margie Wallace,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Wallace

Age, — *Years,* Three *Months,* Three *Days.*

Color, Black, *Sex,* female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 50 Patrick Street, Baltimore,

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} 50 Patrick Street,

Cause of Death, First (Primary,) Whooping Cough.

Second (Immediate,) Convulsions.

Duration of Last Sickness, Whooping Cough two weeks, Convulsions two hours, I was called a few hours before death,

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Sept 12th 79

Undertaker, S. H. Black

Place of Business, 7 Hanover St

Henry L. Byrd M. D.
Medical Attendant.

Address 47 Edmondson Ave
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7[illegible]

The Special Attention of [illegible]ians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Watts

Sex, Male or (Female), { cross out the word not required in this line. } Male

Age, 41 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Rag-picker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and number } City Hospital

Cause of Death { First, (Primary,) Tuberculosis / Second, (Immediate,) Asthenia

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Sept 19. 1879

Undertaker, Charles A White

Place of Business, 35 Granby st

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract fr[illegible]guia[illegible]the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the [illegible]me, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hilbert H Geller

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, 4 2 *Years,* 8 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the wor is not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 2161 Baltimore st

Cause of Death, First (Primary,) Abortion

Second (Immediate,) Hemorrhage

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 21st 1879

Undertaker, Ph. I. Will

Place of Business, 183 Columbia Av.

I G Wandle M. D.
Medical Attendant.

Address 203 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 35020

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35020

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th September 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Dulusket

Sex, Male or Female, { cross out the word not required in this line. } —

Age, ____ *Years,* 15 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 64 Parkin St

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.)

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Sept 21st 1879

H. W. Webster M. D.
Medical Attendant.

Undertaker, Jas. Dalusket

Place of Business, 64 Parkin *Address,* 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0741.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Volk

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ~ *Years,* 5 *Months,* ~ *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 404 ~~Aisquith~~ E. Fayette st

Cause of Death First, (Primary,) Chronic pulmonary

Second, (Immediate,) Marasmus

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sept. 20th 1879

Undertaker, Adam Fink

Place of Business, 496 N. Gay St. *Address,* 24 St. Baltimore

J. Mathew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 18 / 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Ames

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 43 *Years,* ____ *Months,* ____ *Days.*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Nu

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 43 yrs

Place of Death, { Give street and number } 54 N Paca N

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Consumption

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Sept 20 1879

Undertaker, J H Small & Co

Place of Business, 91 Baltimore

J R Sullivan *M. D.*
Medical Attendant.

Address, 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 70

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stewart

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 21 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} London England

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and number} Basin at Locust Point on Bank Avenue Accidentally

Cause of Death, {First, (Primary,) Drowned

{Second, (Immediate,) Shock

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trust Cemetery

Date of Burial, 20 Sept 1879

Undertaker, John L. Black

Place of Business, 2 Eastern ave

P. C. Leey. D.
Medical Attendant.

N. W. cor Caroline S. D

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE

Date of Death, Sept 18. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah J. Dorsey

Sex, Male or Female, { cross out the word not required in this line. }

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number } near Mount & Pratt sts

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Exhaustion from diarrhoea

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Sep 21 th 1879

James Bovey *M. D.*
Medical Attendant.

Undertaker, Jas E. Loane

Place of Business, Fremont Balto St *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wilkins

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, W Lib

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give street and number} Balt. City Jail

Cause of Death { First, (Primary,) Pleurisy

Second, (Immediate,) 1 day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cat.

Date of Burial, Sept. 20th 1879

Undertaker, H W Jenkins & Son.

Place of Business, 16 Light st. *Address,* 75 E. Balto st.

J. H. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James P. Burns

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 days,

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Cystitis & Nephritis,

Second, (Immediate,) Chronic & Inveterate

Duration of last Sickness, 1 yr. Ill used

All the above information should be furnished by the Physician.

Place of Burial, Green St. Greenfield

Date of Burial, Sept 20th 1879

Undertaker, John S Thacher

Place of Business, Park & Fayette St

F B Bruns M. D.
Medical Attendant.

Address, University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Trans 1534

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19. 1879

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Kunzie

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 281 William St

Cause of Death { First, (Primary,) ——— / Second, (Immediate,) Gastro enteritis

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Sept 20

Undertaker, C. B. Hayle

Place of Business, [illegible] Light St

Geo. H. Shriver M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 19Th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Oneal

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Westmain Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number.} 63 Lemon St.

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Exanition from gastric irritation

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, Sept 21st 1879

Undertaker, S & B Leech

Place of Business, No 707 N Baltimore street

Alfred Griffith *M. D.*
Medical Attendant.

Address 11 S. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { Cross out the words not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, ...

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, ...

Birthplace, { State or country (and how long in United States, if of foreign birth.) } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } .....

Cause of Death, { First (Primary,) ..... Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 20th 1879

Undertaker, Wm F Dungle

Place of Business, 60 62 East st

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rogers

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 3 Years, ... Months, ... Days.

Color, Do Do

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 317 Myrtle Ave

Cause of Death, First, (Primary.) Congestion of Brain

Second, (Immediate,) Intestinal Derangement Hemiplegia & Amaurosis

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 21

Jno R Middleton M. D.
Medical Attendant.

Undertaker, C W Bryan

Place of Business, 179 Park Ave *Address,* 121 W Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert M Ferris

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Eight *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Lot on Myrtle Avenue

Cause of Death {First, (Primary,) Buried in sand pit by falling of
Second, (Immediate,) Earth.

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 21

Undertaker, Wm Hazard

Place of Business, 177 Penn ave

Geo G Cole Coroner *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE

Date of Death, Sept 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Natalie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years.* *Months,* *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. all life

Place of Death, {Give street and number.} Home of Aged M. E. Church

Cause of Death, First (Primary,) Debility

Second (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 21st 1879

Undertaker, John L Thacher

Place of Business, Park & Fayette Sts *Address* 234 N. Fayette St

J. R. Ritter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 19, 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Scally

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 13 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if ~~of foreign~~ birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 341 E. Fayette St.

Cause of Death { First, (Primary,) Diptheria
, { Second, (Immediate,)

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept. 20, 1879

Undertaker, H. A. Dager

Place of Business, 74 S Broadway

John F. Stevenson M. D.
Medical Attendant.

Address, 6 W. Calvert Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mayaret M. Bones

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Baltimore~~ County Clare, Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 214 Bank Street

Cause of Death, First, (Primary,) Metro-Peritonitis

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Sept 21st

Undertaker, H. Fackler

Place of Business, 246 Eastern Av.

Edward F. Shaw M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Cooper

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 53 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} United States

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} Block Settlement near West St

Cause of Death, First (Primary,) Cancer of the Breast

Second (Immediate,) .....

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, September 21st 1879

Undertaker, James P Byrne

Place of Business, No 63 W Lombard *Address*

R. C. Coffington *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Light

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, one (1) *Years,* Six (6) *Months,* Two (2) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} [illegible]

Cause of Death, First, (Primary,) Remittent Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, one (1) day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 22 1879

Undertaker, John L Thacker

Place of Business, No 15 Camden

Jno R Neal M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Webster

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 23 *Years,* 8 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, { Give street and number. } 272 N Gay

Cause of Death, { First (Primary,) Cerebral Congestion / Second (Immediate,) Injury to Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 22d 1879

{ *Undertaker,* Patterson & Co. / *Place of Business,* 161 W Baltimore

J. H. Chew M. D.
Medical Attendant.

Address 185 W Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine B. Baker

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, About 77 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md Colored

Duration of Residence in the City of Baltimore, About 45 Years

Place of Death, {Give street and number} 115 Hill St

Cause of Death First, (Primary,) Scirrhus of Left Breast

Second, (Immediate,) " Gen. Prostration & old age

Duration of last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, Sept 22, 1879

Chas. Bece M. D.
Medical Attendant.

Undertaker, J. B. Blackistone

Place of Business, 606 Bolt St *Address,* 161 E. Stuart St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

[illegible] SEP 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Webb

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 130 Druid Hill Avenue

Cause of Death { First, (Primary,) Scarlet Fever. / Second, (Immediate,) Dropsy

Duration of last Sickness, Unknown as I was only in attendance 1 day previous

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Sept 22nd 1879

Undertaker, Wm. T. Lemmon

Place of Business, 271 W. Eutaw

Martin Brewer *M. D.*
Medical Attendant.

Address, 68 McCulloh Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 21 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 20th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Worley.

Sex, ~~Male or Female~~, {Cross out the words not required in this line.}

Age, Seventy Four *Years,* Four *Months,* Four *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Furniture Remover.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} York, Penn.

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, {Give street and number.} 109. Patterson Avenue

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Paralysis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Sept 22nd 1879

Undertaker, Chas Feldmeier

Place of Business, 241 E. Lombard

A. C. Fox. M.D.
Medical Attendant.

Address, Cor Fayette & Schroeder Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bettie Fegenbach

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 121 German St

Cause of Death, { First, (Primary,) Facial Paralysis / Second, (Immediate,) Brain Symptoms

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemtry

Date of Burial, Sept 22nd 1879

Undertaker, Wm Ekas

Place of Business, 101 Gaught St *Address,* —

Medical Attendant. Edward Arnold M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Kees

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 363 S Eutaw

Cause of Death First, (Primary.) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem.

Date of Burial, Sept. 21

Undertaker, Julius Kohler

Place of Business, Sharp & Cross Sts

Herbert Work M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 21 / 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Josepha Wichbet

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 5 *Years,* / *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltr. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} ~~Typho Malarial~~ 59 E. Chapel

Cause of Death First, (Primary,) Typho-malarial

Second, (Immediate,)

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetry

Date of Burial, Septr. 22,

Undertaker, Adam Fink

Place of Business, N. Gay St. betw Caroline & Eden,

W. Gev. Dausch, M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th September 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Marie Kuhn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, / *Years,* *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Existence

Place of Death, {Give street and number} N. Gilhanostreet 46

Cause of Death, First, (Primary.) Dentitio

Second, (Immediate.) Convulsions

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, September 21th 1879

William Henkel M. D.
Medical Attendant.

Undertaker, Ambrose Kohler

Place of Business, 244 E Lombard *Address,* S. Wolfe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 35045

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 21 1879 BALTIMORE

Date of Death, September 20th 11 30 A M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Faubel

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 78 *Years,* 9 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 359 E. Fayette Street

Cause of Death First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, A Thomas Vaughn

Date of Burial, September 22nd 1879

James E. Emmitt M. D.
Medical Attendant.

Undertaker, Ambrose Kohler

Place of Business, 204 E Lombard

Address, 220 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 35046

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP. 21 1879 BALTIMORE

Date of Death, Sept 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. C. Mentzel

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N Y

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} S E Cor Pine & Lexington

Cause of Death, First (Primary,)

Second (Immediate,) Consumption.

Duration of Last Sickness, 4 or 5 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sept 22d

C. J. Mahon *M. D.*
Medical Attendant.

Undertaker, Henry H. Sears

Place of Business, 45 N Gay St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 7[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Clarke

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 40 *Years,* 5 *Months,* 17 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Chief's Nurse & Employtress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Florida

Duration of Residence in the City of Baltimore, About 5 yrs

Place of Death, {Give street and number} N.E. cor Bond & St Josephs St

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate,) Cardiac disease (Mitral regurgitation)

Duration of last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Sept 22nd.

Undertaker, Geo Schilling

Place of Business, Ashland Square

C. C. McDowell M. D.
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 17. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Lambdin

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Twenty six *Years,* — *Months,* — *Days.*

Color, white.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Bank St.

Cause of Death {First, (Primary,) Injuries to brain - from falling wall. Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Sept 21st 1879

Undertaker, Wm Gilmore

Place of Business, 341 East St

D. C. Ireland M. D.
Medical Attendant.

Address, Coroner E. A.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35049.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE SEP 22 1879

CERTIFICATE OF DEATH.

Date of Death, September 21 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grafton Dalrymple Spencer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* 7 *Months,* 14 *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Life - with exception of short time

Place of Death, {Give street and number.} 163 — I Fulton Ave

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,) 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Sept 22nd 1879

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

Alex Tinsley M. D.
Medical Attendant.

Address 386 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH SEP 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st Sept 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Alex Marshall

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 376 S Sharp St

Cause of Death, { First, (Primary,) whooping cough

Second, (Immediate,) Convulsions after convulsions

Duration of last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto City

Date of Burial, Sept 22d 1879

Undertaker, Smith & Dunn

Place of Business, 263 Light St

H. Myers M. D.
Medical Attendant.

Address, 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edith Stallings

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, / *Years,* / *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 179 Scott St

Cause of Death, { First, (Primary,) / Second, (Immediate,) Cerebro Spinal Meningitis - 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 23rd 79

Undertaker, Wm J. McKew

Place of Business, 65 S. Eutaw

D. H. Conley M. D.
Medical Attendant.

Address, 76 Stacy St

Extract from Regulations of the Board of Health to ~~secure a full and correct record of~~ Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 20/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Weber

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 12 Newbury alley

Cause of Death, First, (Primary,) Tabes Mesenterica

Second, (Immediate,) Inanition

Duration of last Sickness, 8 weeks (about)

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 22d 1879

C. C. McDowell M. D.
Medical Attendant.

Undertaker, Jas. McKinnett

Place of Business, 311 Baltimore St

Address, 642 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Sykes

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 25 Randall St

Cause of Death { First, (Primary,) Scarlatina / Second, (Immediate,) Pneumonia

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Sept 23 1879

Undertaker, Armstrong & Hess

Place of Business, Light St

Stevenson Cook M. D.
Medical Attendant.

Address, 125 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Stroh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* Fourteen *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Scarlett Hall St No. 44

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three months.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 22

Undertaker, H Brice

Place of Business, Hanriette St 81

Dr. Lancy H Barclay M. D.
Medical Attendant.

Address 47 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Means Sr

Sex, Male or Female, { cross out the word not required in this line. }

Age, 82 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Butler Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Hanover alley near Lombard St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Hampton Balto Co

Date of Burial, Sept. 22nd 1879

D. H. Miles M. D.

Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada P. Farley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Four (4) *Years,* Ten (10) *Months,* Seven (7) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~~

Occupation, ~~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 766 Aisquith Street

Cause of Death { First, (Primary,) Tubercular Meningitis
Second, (Immediate,) Marasmus

Duration of last Sickness, Twenty five (25) Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, September 23rd 1879

Undertaker, John N. Weaver & Co

Place of Business, #22 W. Fayette St

J. W. Soldan M. D.
Medical Attendant.

Address, S E Cor Eutaw and Lanvale Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Moore

Sex, ~~Male~~ or *Female,* { cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 354 Ramsay St.

Cause of Death { First, (Primary,) Whooping Cough

Second, (Immediate,) Convulsions

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Sept 22nd 1879

Undertaker, J. H. Leech

Place of Business, No 707 N. Baltimore Street

John Duff M. D.
Medical Attendant.

Address, 538 W. Dayton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st Sept 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Murray

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ~ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the ~~word~~ not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 389 E. Charles St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 418 Hanover St

Cause of Death {First, (Primary,) Pertusis / Second, (Immediate,) Convulsions

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sept 22nd 1879

Undertaker, C. F. Kranz

Place of Business, 209 Hanover

Geo. H. Benson M. D.
Medical Attendant,

Address, 148 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 0[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 22/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Howard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ 1 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 24 S. Washington St.

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 23rd 1879

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0[illegible]]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Naylor

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* ——— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 411 Cohens alley

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Marasmus

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept 23rd 1879

Undertaker, John C. Dorsey

Place of Business, Park ave

Address, Corner of Lexington & Eutaw

James A. Steuart M. D.

[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Ordered by Dr. J. A. S.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST ON THE REVERSE SIDE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geny Wallace Mathews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Seven *Years,* one *Months,* ——— *Days.*

Color,

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1205 N Saratoga

Cause of Death, {First (Primary.) Rheumatism

{Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician

Place of Burial, Louden Park Cemetary

Date of Burial, September 22d 1879

James Amoss *M. D.*
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Address N. 14 N Paca St

SEP 22 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Tockel

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 30 *Years,* 4 *Months,* 7 *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give street and number } 236 Hanover ste

Cause of Death, { First, (Primary.) } { Second, (Immediate,) } Consumption

Duration of last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Sept 23/1879

J J Litzer M. D.
Medical Attendant.

Undertaker, Wm H Briel

Place of Business, Henrietta st betw. Hanover & Leadenhall sts. *Address,* 160 Saratoga ste

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 22 1879 BALTIMORE

Date of Death, Sept 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Becker

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 53 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number} 71 N Duncan Alley

Cause of Death, {First, (Primary,) Cancer of Face

Second, (Immediate,)

Duration of last Sickness, 2 Years & 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Schlagels Cem

Date of Burial, Sept 22nd 1879 James A Steen M. D.

Undertaker, Fayt & Bro

Place of Business, Broadway *Address,* Corner of Wash & Wagner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wiemann

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21st 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Pearce

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 62 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Architect

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 1 E. Lanvale St.

Cause of Death { First, (Primary,) Disease of the Heart

Second, (Immediate,)

Duration of last Sickness, Past 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 23

Wm. C. Brune M. D.
Medical Attendant.

Undertaker, Roy & Son

Place of Business, 574 N. Broadway *Address,* 1 E. Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgeanna Green

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Twenty four *Years,* Eight *Months,* Twenty *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Hair Dresser

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } No 24 S. Caroline St.

Cause of Death, { First, (Primary,) Pneumonia Interstitial

{ Second, (Immediate,) " "

Duration of last Sickness, 5 or 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 22 nd 1879

Undertaker, Wm. Cole & Son

Place of Business, 3 Lexington St

Wharton Hood M. D.
Medical Attendant.

Address, 116 E. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jekins

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 103 Dallas st.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 103 E. Dallas st.

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 22nd 1879

Undertaker, Wm. Acre & Son

Place of Business, 13 Hoffman

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Clark

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 183 S. Eastern Ave

Cause of Death First, (Primary,)

Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 23d. 1879

Undertaker, Wm Thacher

Place of Business, 16 N. Caroline

of Fardow Cordts M. D.
Medical Attendant.

Address, 146 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} George Heinleman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 87 S. Eutaw St

Cause of Death {First, (Primary,)} Scarlet Fever

{Second, (Immediate,)} Diphtheria

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Sept 22nd 1879

Undertaker, Jas P Byrne

Place of Business, 687 Forest St

J. D. Grant M. D.
Medical Attendant.

Address, 13 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 September 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Benson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 83 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and number} 109 Edmonson Avenue.

Cause of Death { First, (Primary,) Old Age
Second, (Immediate,) Bronchorhea

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem.

Date of Burial, Sept 24th 1879

Undertaker, Jas P Byrne

Place of Business, 63 Third

Wadsworth Brewer M. D.
Medical Attendant.

Address, 6 & McCulloh Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schuh

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 10 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 137 N. Amberg St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Treas Cem

Date of Burial, Sept 23d 1879

M. D.
Medical Attendant.

Undertaker, Louis Kaetzler

Place of Business, Mary & Lewis St *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Martin Lutz

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 26 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 2 Doors St (above Fulton St)

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate,) Perforation of Intestine [redacted]

Duration of last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Sept 23 1879

C. C. McDowell M. D.
Medical Attendant.

Undertaker, P. Kennedy

Place of Business, Mulberry St *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1879

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Essies

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 105 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Maryland

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number} No 8 S. Peach alley

Cause of Death First, (Primary,) General Debility

Second, (Immediate,) Dropsy et Prostation

Duration of last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 23

Undertaker, Hercules S. Ross

Place of Business, 95 Conway St *Address,* 146 Hill St

J. D. Dyer *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 21st, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick William Lehman

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 254½ S. Bond St.

Cause of Death, First, (Primary,) Scrofula as Diathesis.

Second, (Immediate,)

Duration of last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, Sept 23d 1879

John H. Rehberger M. D.
Medical Attendant.

Undertaker, H Turnauer

Place of Business, 246 Baltimore St. *Address,* 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

No.

Board of Health, City of Baltimore,

Permit No. 35074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1879

CERTIFICATE OF DEATH.

Date of Death, Sept. 22d, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Roeber.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 224 S. Bethel St.

Cause of Death, First, (Primary,) Diptheria accompanied

Second, (Immediate,) by Abdominal dropsy.

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltma. Cemetery

Date of Burial, Sept. 24

Undertaker, F. A. Burr

Place of Business, 2[illegible] Fleet St.

John A. Rehberger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 35075

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept-21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Chas. Arnette

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, Three *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltic City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} North Broadway St 52

Cause of Death, {First (Primary,) Hooping cough

{Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 23 1879

Undertaker, S Wehrle

Place of Business, 198 S Howard St

E. E. Farnen M. D.
Medical Attendant.

Address 62 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1879

CERTIFICATE OF DEATH.

Date of Death, Sept. 22. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Washington

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 53 *Years,* — *Months,* — *Days.*

Color, Black

~~Married, Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Chambermaid

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Frederick Co. Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and number } 27 Lusk

Cause of Death { First, (Primary,) — Second, (Immediate,) Phthisis

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 23 1879

Undertaker, S W Lehman

Place of Business, 197 Howard St

Wm Lee Costa M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35077

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelly Harris

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 18 *Days.*

Color, c.c.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} East 92½ Street

Cause of Death, First, (Primary,) Imperfect development

Second, (Immediate,) Convulsions

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Sept 23d/79

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Abraham Kaufman

Place of Business, No 13 Saratoga st

Address, 1244 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ..r, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

..e of Death, Sept. 21 / 79

..ll Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Ray

.., Male or Female, {Cross out the word not required in this line.} Male

..e, 55 Years, About Months, Days.

..lor, Black

..arried, Single, Widow or Widower, {Cross out the words not required in this line.} Married

..cupation, Driver

..rthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co Md.

..ration of Residence in the City of Baltimore, About 30 Yrs

..ace of Death, {Give street and number.} 79 Jefferson St

..ause of Death, {First (Primary,) Malignant Disease of Stomach / Second (Immediate,)}

Duration of Last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 23 1879

{Undertaker, Theodore Locke / Place of Business, 73 Jefferson St} Address 195 N. Eden St

A. O. Klein M. D.
Medical Attendant.

SEP 23 1879 HEALTH DEPARTMENT BALTIMORE MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 350

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hinson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Year,* *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 145 Durham St.

Cause of Death, First, (Primary.) Gastritis

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Dallas Stown

Date of Burial, Sept 23 1879

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Theodore J. Locke

Place of Business, 73 Jefferson

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35080

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Griffiths

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 19 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wales

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give street and number} Basin near Locust Point

Cause of Death, First, (Primary,) Accidentally

Second, (Immediate,) Drowned

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 23 Sept 1879

Undertaker, John C. Fluet

Place of Business, 265 Aliceanna

R. G. Lee M. D.
Medical Attendant.

N. W. Cor Caroline & D.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Pay special attention to the questions in regard to the diseases below. Fill out all blanks on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 21

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Cate

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Fifty Six *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, { Give street and number } 10 Gould Court

Cause of Death { First, (Primary,) Dysentery
Second, (Immediate,) Worn out Life for years

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Sept 23 1879

Undertaker, B. Hearle

Place of Business, Light St

Luling Hall M. D.
Medical Attendant.
Southern Dispensary

Address, 77 Hall St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Septbr. 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie E. Bridges

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 27 *Years,* 7 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mathews Co. Va

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number} 220 Lanvale

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetary

Date of Burial, Sept 24th 1879

Undertaker, Hughes & Bro

Place of Business, Cor Penn Av & Dolphin

M. D.
Medical Attendant.

Address, 43 Lanvale Ave

HEALTH DEPARTMENT SEP 23 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward H Tarpley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Bookkeeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 202 N Howard

Cause of Death, First, (Primary) Intemperance

Second, (Immediate,) Overdose of Chloral (Taken by himself)

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 24th Sept. 1879

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light st

Edmund R Walker M. D.

~~Medical Attendant.~~

Address, Coroner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Campbelle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dongorr (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley sts

Cause of Death { First, (Primary,) Dropsy / Second, (Immediate,)

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Rood Cemetery

Date of Burial, Dec 23rd 1879

Undertaker, Henry Sheltheis

Place of Business, *Address,*

H Adams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 22/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Reinisel

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 51 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 yrs.

Place of Death, {Give street and number} 101 Lancaster st.

Cause of Death, First, (Primary,) Bright's disease

Second, (Immediate,)

Duration of last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Ct. Hill

Date of Burial, Sept. 24/79

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, H. Lewis

Place of Business,

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36086

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 September 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastian

Sex, Male or Female, {cross out the word not required in this line.} male

Age, _____ *Years,* _____ *Months,* about 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} _____

Occupation, _____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Foundling

Duration of Residence in the ~~City of~~ Baltimore, Institution 8 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasms

Duration of last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept 24. 1879

Marburg Brown M. D.
Medical Attendant.

Undertaker, Saml Brown

Place of Business, 58 Division

Address, 58 Mc Culloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia C. Giese

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* 14 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 268 Aliceanna st

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,)

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemtry

Date of Burial, Sept 22d

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

Thomas G. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 330

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Reaney

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 2 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 62 N. Amity

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Sept 23

Undertaker, J B Cook

Place of Business, 707 Madison Ave

Thomas Opie *M. D.*
Medical Attendant.

Address, 581 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 330

Board of Health, City of Baltimore,

Permit No. 35089

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parker Mill

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Six~~ *Years,* Nine *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 380 Hallem

Cause of Death, First, (Primary.) Malignant Scarlet Fever & Diphtheria

Second, (Immediate,) Convulsions

Duration of last Sickness, Thirty hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Sept 24th 1879

Undertaker, J B Cook

Place of Business, No 707 N Baltimore Street

[signature] Physician M. D.

Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Keenan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Driver of Ice wagon

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} Hollins and Poppleton Sts

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Sept 25th 1879

Chas F. Michael M. D.
Medical Attendant.

Undertaker, J. B. Cash

Place of Business, No 707 W. Baltimore street

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 350

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R. Gadd

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 26 *Years,* 10 *Months,* ~~—~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 305 William Street

Cause of Death, First, (Primary,) Uterine Hyperplasia with Hypertrophia

Second, (Immediate,) Consolation

Duration of last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 24th 1879

Undertaker, C. P. Krause

Place of Business, 209 Hanover.

J. R. Wiley M. D.
Medical Attendant.

Address, 187 Hanover St
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edl Murray

Sex, Male ~~or Female,~~ { cross out the word not required in this line. }

Age, 3 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md Charles Co

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 418 E Hanover St

Cause of Death { First, (Primary,) Measles, Hooping Cough

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Feb 24th 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Geo. N. Benson M. D.
Medical Attendant.

Address, 418 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Hacheden

Sex, Male or Female, {cross out the word not required in this line.}

Age, one *Years,* one *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 107 Leadenhall str.

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Croup

Duration of last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsis Cemetery

Date of Burial, Sep. 24 1879

John J. Litzer M. D.
Medical Attendant.

Undertaker, G. L. Rowing

Place of Business, 92 O Neal

Address, 160 Saratoga str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1879

CERTIFICATE OF DEATH.

Date of Death, September 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Gerhard Lewalman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Twenty Nine *Years,* One *Months,* Seventeen *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Jeweler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 224 South Bond Street

Cause of Death, First, (Primary,) [blank]

Second, (Immediate,) Consumption

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bulle Cemetery

Date of Burial, Sept 24th 4 P.M.

Undertaker, Henry Sander

Place of Business, 252 Lanvale St. *Address,* No. 102 North Broadway

Wm H. Clendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joshua Lynch

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 20 W. Lombard

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Bury

Date of Burial, Sept 23d 1879

Geo B. Kemp M. D.
Medical Attendant.

Undertaker, H W Mears

Place of Business, 41 N Gay St *Address,* 43 Mc Oxford

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 1879 BALTIMORE HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Upshoff

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Two (2) *Years,* Seven (7) *Months,* ——— *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 98 S. Central Avenue

Cause of Death First, (Primary,) Pharyngeal & Laryngeal Diphtheria

Second, (Immediate,) Asphyxia

Duration of last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 24th 1879

Undertaker, I. L. Benning

Place of Business, Fayette St. *Address,* Cor Eager & Caroline Sts

H. W. Silver M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 22 nd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Boyle

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number} 13 Pennsylvania Ave

Cause of Death, First, (Primary,) Malarial toxemia

Second, (Immediate,) Congestive Chill

Duration of last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Sept 24 th 1879

R. H. Ellis M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross st *Address,* 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Dreshler.

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* ——— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 419 Cross St.

Cause of Death { First, (Primary,) Second, (Immediate,) Diphtheria.

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetre

Date of Burial, september 24

Undertaker, T Poole 428 Cross

Place of Business, Street Address, 152 Sharp.

R. J. H. Tall *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1879 BALTIMORE

HEALTH DEPARTMENT SEP 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mettie Stephens

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 3 *Months,* 3 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Kent County Md

Duration of Residence in the City of Baltimore, three months

Place of Death, { Give street and number } No 49 Rush St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) —

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Evans Rock Church Kent Co Md

Date of Burial, September 25th 1879

Undertaker, H. A. Glasgow

Place of Business,

Thomas P. Evans M. D.
Medical Attendant.

Address, 21 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 23d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gillian Willis McCullin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 7 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 409 Central Avenue

Cause of Death, { First (Primary,) / Second (Immediate,) } Inanition

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept. 24th 1879

{ *Undertaker,* Wm. H. Hickman / *Place of Business,* 234 N. Gay St. }

W. H. Driscendorf M. D.
Medical Attendant.

Address 411 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 21st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Barnes

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, {Give street and number} 220 Hughes st

Cause of Death {First, (Primary,) Consumption

{Second, (Immediate,)

Duration of last Sickness, Thirteen Months

All the above information should be furnished by the Physician.

Place of Burial, Sharps St. Cemetery

Date of Burial, Sept 23 1879

Undertaker, Hercules Ross

Place of Business, Conway St

Julius Wall M. D.
Medical Attendant.

Southwestern Dispensary

Address, 44 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 35702

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Brown

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hotel Proprietor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 42 yrs.

Place of Death, {Give street and number} 92 Bank St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Cerebral Hemorrhage

Duration of last Sickness, 12 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 27th 1879

Undertaker, Denny & Mitchell

Place of Business, 65 Broadway

C. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. McDonald

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, _____ *Years,* Nine *Months,* Twenty Five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} _____

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 286 Bank St.

Cause of Death, First, (Primary,) _____

Second, (Immediate,) Pneumonia

Duration of last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 25th 1879

Wm H Landman, *M. D.*
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 655 S. Broadway *Address,* No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th Sept 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel Connell

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 30 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, { Give street and number. } 28 S. Carrollton Ave

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County P. H. Burial M. D.

Date of Burial, Sept 25-th 1879

Medical Attendant.

Undertaker, J. McLeonard & Son

Place of Business, 782 W. Baltimore St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Martin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 21 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 46 Rock st

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of last Sickness, About 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept. 25th 1879

H Darby M. D.
Medical Attendant.

Undertaker, Peter Kummerer

Place of Business, 317 Mulberry st *Address,* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 35706

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daughter of Henry & Mary Hannan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number} 95 Chuck St.

Cause of Death { First, (Primary,) Convulsions
, Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 24

Undertaker, Hercules Ross

Place of Business, 95 Conway St

H. S. Burge M. D.
Medical Attendant.

Address, 206 Sharp St

SEP 24 1879

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE obtained WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Same Date Sept 22nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Tell.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} "

Age, 68 *Years,* - *Months,* - *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} "

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 8 S Gay St.

Cause of Death, First (Primary,) Enlargement of the Liver

Second (Immediate,) Dropsy.

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, Sept 23d 79

Edmunds M. D.
Medical Attendant.

Undertaker, Messrs Hecht & Son

Place of Business, 309 N Central Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Virginia Purviance

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 22 *Days.*

SEP 24 1879 BALTIMORE

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} 149 N. Eden Street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 149 N Eden St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 da

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Cemet

Date of Burial, Sept 24 1879

Undertaker, Theodore L Lochs

Place of Business, 73 Jefferson st

..... M. D.
Medical Attendant.

Address 15[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35709 OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Huggins

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

SEP 24 1879

Age, 3 *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number.} No. 11 Duncan Al-

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ogllis St. Cem

Date of Burial, Sept 24 1879

Undertaker, Theodore Locks

Place of Business, 73 Jefferson *Address* No. 511 E. Pratt St.

J. D. Sikes *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Blanks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Oliver Scott

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 40 *Years*, ... *Months*, ... *Days.*

Color, Dark Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 138 N Caroline st

Cause of Death { First, (Primary.) Paralysis due to Cerebral Hemmorhage
Second, (Immediate,) .....

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Sept 24th 1879

Undertaker, Wm J Dugle

Place of Business, No 62 East st

D M Bathell M. D.
Medical Attendant.

Address, 2 N Broadway

SEP 24 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 35111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 23. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rebecca Fuget

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* *Days.*

Color, W. Lete

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 132 1/2 N. Gay St

Cause of Death {First, (Primary,) Scarlet Fever.

Second, (Immediate,) 1 week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, September 25th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 75 C. Baltimore

W. L. Hack M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 35112.

OFFICE OF REGISTRAR OF VITAL STATIS[TICS]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 23rd. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 51 Elbow Lane

Cause of Death {First, (Primary,) Scrofula

{Second, (Immediate,) Bronchitis.

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Steamatery

Date of Burial, September 25th

Undertaker, H. Neudes Ross

Place of Business, 95 Conway St

Address, Southern Dispensary

J. T. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Danl. Murphy

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 9 yrs in America

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give street and number} S.P.R. Hospital

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,) Peritonitis from Perforation

Duration of last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, September 25 1879

O. J. Caskey M. D.
Medical Attendant.

Undertaker, Henry Hauck

Place of Business, 302 Central Ave Address, 488 [illegible]

Extract from Regulations of the Board of Health to secure a full and [illegible]cord of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die [illegible]y, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the c[illegible]er his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintend[illegible] Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether [illegible]e) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegiti[illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

No.

Board of Health, City of Baltimore,

Permit No. 35114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Ward

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 49 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laberer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 202. E. Eager St.

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate,) Apnoea.

Duration of last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, September 26. 1879

Undertaker, Henry Hoerth

Place of Business, 309 Central Ave

Jno Mc. Logan. M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

No.

Board of Health, City of Baltimore,

Permit No. 35715

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 24-1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Rein

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 125 Lemon St. near Payson St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Eclampsia

Duration of last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 25th 1879

C. C. McDowell M. D.
Medical Attendant.

Undertaker, L. P. Pacella

Place of Business, Fredonia

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore

Permit No. 35716

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September Twenty 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie J Enstaku

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 992 N Bond St

Cause of Death { First, (Primary,) Second, (Immediate,) Croup fever

Duration of last Sickness, 4 hours 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 22 1879

Undertaker,

Place of Business,

Medical Attendant. *M. D.*

Address, 252 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimor

Permit No. 35147

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Randall

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, One day and half

Place of Death, {Give street and number} 176 Columbia Avenue

Cause of Death First, (Primary,)

Second, (Immediate,) Premature Birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 25-th 1879

Undertaker, John S Bucher

Place of Business, No 150 Camden St

D. P. Hoffman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimor...

Permit No. 35718

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Grant

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ..... *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 110 Low St

Duration of Residence in the City of Baltimore, 1 yr 1 mo

Place of Death, {Give street and number} 110 Low St.

Cause of Death { First, (Primary,) Inanition

, { Second, (Immediate,) .....

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Sept 26th 79

{ *Undertaker,* Nolan & Freeman

{ *Place of Business,* 27 N Broadway

F. Jos Wells *M. D.*
Medical Attendant.

Address, 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimor

Permit No. 35719

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ora Gertrude Lawlor

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 9 — *Years,* 10 — *Months,* 8 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 167 N. Gilbert St

Cause of Death {First, (Primary,) [illegible]

{Second, (Immediate,) Hemorrhage

Duration of last Sickness, Hrs (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Sept. 25 /19

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St

W. C. Edwards M. D.
Medical Attendant,

Address, [illegible] Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

(14)

Board of Health, City of Baltimore,

Permit No. 35720 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas D Evans

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 mos *Years,* Dec *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Jersey City - New Jersey

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number} No 514 N Baltimore St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Diphtheria

Other Causes

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 25th 1879

Undertaker, Chas A. Ponder

Place of Business, No 5 1/2 Bank St

D L Green M. D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 35121

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25 th 1879

Full Name of ~~Deceased~~, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry & Frances Willig (Infant (Parents

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 day *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 703 W Fayette St

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of the brain

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Sept 25/79

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

Milton N Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimor

Permit No. 35722

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 23d 187[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emperor Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 23 *Days.*

Color, black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bel Air Road

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 267 McDonough St -

Cause of Death { First, (Primary,) Inanition

, { Second, (Immediate,)

uration of last Sickness, 6 days

All the above information should be furnished by the Physician.

ce of Burial, Bolton Hill

f Burial, Oct 1877

taker, Pat Mullin

f Business, 67 Coulbridge St

Wm. B. Billingslea M. D.
Medical Attendant.

Address, Hartford Av & Biddle

tract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to y-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per he cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimor

Permit No. 35723

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Ellen Hankins

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 2 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 Yrs 7 Mos 2 Days

Place of Death, {Give street and number} 78 N. Schroeder St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) One Week.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Sept 25th 1879

Undertaker, J B Cook

Place of Business, 707 West Baltimore

A. L. Lyon M. D.
Medical Attendant.

Address, 375 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimo

Permit No. 35724

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out.* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Henderson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, entire life time

Place of Death, {Give street and number} 15 Orleans St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 25th 1879

Undertaker, James L Byrne

Place of Business, No 63 N Eden St

D M C Attest (M. D.)
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 35725 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Tyler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give street and number} 149 Dolphin

Cause of Death First, (Primary,) Dysentery.

Second, (Immediate,) Anaemia

Duration of last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Sept. 25. 1879

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St

F. E Chatard M. D.
Medical Attendant.

Address, 194 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit Permit No 1537

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimo...

Permit No. 35726 OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 Sept

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Stewart

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} 92n Church st

Cause of Death, {First, (Primary,) Carditis

Second, (Immediate,) 6 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaw's St Cem

Date of Burial, Sept 25th 1879

Undertaker, Jacob Davis

Place of Business, Conway St

R. W. P. Elliot ..... *M. D.*
Medical Attendant.

Address, 312 W. Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimo

Permit No. 35/27

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth D. Rowland

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 22 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} 20 Eutaw Alley

Cause of Death { First, (Primary,) Phthisis
, { Second, (Immediate,) Marasmus

Duration of last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Sept. 25th 1879.

Undertaker, Wm. H. Nichols Jr.

Place of Business, No. 27 Saratoga

by [illegible]
M. D.
Medical Attendant.

Address, 251 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy M. E. Green

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 3 *Years,* 1 *Months,* 9 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1 S. Eutaw ct

Cause of Death First, (Primary,) Cyanosis

Second, (Immediate,) Laryngismus

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. Green

Date of Burial, Septr 29 1879

Undertaker, Isaac Nicols

Place of Business, 3 Sheler St

F. C. Kemmler M. D.
Medical Attendant.

Address, Eutaw. Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

To Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimor[illegible]

OFFICE OF REGIST[illegible]RAR OF VITAL ST[illegible]

Permit No. 35129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Finen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 20. Golds Lane

Cause of Death { First, (Primary,) ; Second, (Immediate,) Capillary Bronchitis

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Sept 25th 1879 Theodore Leo M. D.

Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STAT

Permit No. 35730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Parker

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 10 *Minutes* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 258 Battery Ave

Cause of Death, { First, (Primary,) ... Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Balto Co

Date of Burial, Sept 25th 1879

James A Lemmon M. D.
~~Medical Attendant.~~

Undertaker, P. Keale

Place of Business, Light St

Address, Com of Health & Registra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by E. Wenman

Board of Health, City of Baltimo

Permit No. 35131

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th Sept 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Ella Welch

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 29 *Years,* 11 *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A. A. Co. Md

Duration of Residence in the City of Baltimore, 18 Mnth

Place of Death, {Give street and number} 576 Hanover

Cause of Death {First, (Primary,) Typhoid fever

{Second, (Immediate,)

Duration of last Sickness, 14 days 5

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co. Md.

Date of Burial, Sept 26 th

Undertaker, H. N. Troll

Place of Business, #131 Hanover

Thos. H. Benson M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 35732

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Hess

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 35 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 21 Biddle alley

Cause of Death, First (Primary,) Phthysis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 28th 1879

Undertaker, [illegible]

Place of Business, 118 Druid Hill Ave

Thos. S. Latimer M.D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Gilmore

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S.

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} Carol Street B. C. R. R.

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

C. L. Bucenthin M. D.
Medical Attendant.

Undertaker, Gorsuch Keiter

Place of Business, 231 [illegible] *Address,* 16 N. Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 4K.]

Board of Health, City of Baltimore,

Permit No. 35734 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accu... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Elizabeth Klemle

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 3 *Years,* 10 *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 210 Saratoga St

Cause of Death, {First (Primary,) Remittent

Second (Immediate,) Typhoid type

Duration of Last Sickness, three Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sept 25th 1879

Undertaker, Joseph F Byrne

Place of Business, 59 Lexington Address 894 Howard St

Richard McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 35135

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 23. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry

Sex, Male ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, *Years,* 8 *Months,* 4 *Days.*

Color, Col'd *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } King street

Cause of Death, { First (Primary.) Starvation / Second (Immediate.) Diarrhoea

Duration of Last Sickness, 3 months (Only attendance)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grove

Date of Burial, Sept 25 1879

Undertaker, E. H. Holbrook.

Place of Business, 68 Hanover st

M. D.
Medical Attendant.

Address Penn. Ave Dispensary
25 N. Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimo...

Permit No. 35736

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately ... out.* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 22nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Emery

~~Male~~, *Female,* {cross out the word not required in this line.}

Age, 45 *Years,* ... *Months,* ... *Days.*

Color, Wh

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Md

Duration of Residence in the City of Baltimore, 45 yr

Place of Death, {Give street and number} 49 Oxford St

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Consumption

Duration of last Sickness, 10 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 24 1879

Undertaker, J. H. Cruse

Place of Business, 15 Bond

Wm. H. Eastman M. D.
Medical Attendant.

Address, 349 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 35737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Johnson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, about 22 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 2 yrs

Place of Death, {Give street and number} 52 Raborg St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 23rd 1879

H Dorsey M. D.
Medical Attendant.

Undertaker, Wm. Green

Place of Business, Monument

Address, 252 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimo

Permit No. 35138

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 23 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michal Knencken

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 47 Duncan Alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) 2 days.

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Sept. 25th

Undertaker, M. Egan

Place of Business, Bond 151

J. J. Sitzer M. D.
Medical Attendant.

Address, 160 Saratoga Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 35739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Scarborough

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 15 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 137 York

Cause of Death, First, (Primary.)

Second, (Immediate,) Gastro Enteritis

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, September 25th 1879

Thomas Corbett M. D.
Medical Attendant.

Undertaker, Jacob Davis

Place of Business, 103 Fawn Street.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25 Sept 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Wilson

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 6 *Years,* 4 *Months,* 19 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bath.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 43 Forrest.

Cause of Death, {First (Primary,) Diph Theritis

Second (Immediate,) 5 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Arkansas Cem

Date of Burial, Sept 27, 1879.

Undertaker, Henry Heath

Place of Business, 389 Central Ave

C Hoffmeier M.D.
Medical Attendant.

Address, 57 Augusta

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th Sept 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Rigby

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, W.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 70 yrs

Place of Death, {Give street and number} Aged Women Home

Cause of Death {First, (Primary,) Senile Decay
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sep. 26, 79

Undertaker, A. V. Jenkins & Son

Place of Business, 10 Light St.

Geo Keyser M. D.
Medical Attendant.

Address, 1 Waverley Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blanks on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lora Johnson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 246 Williams St

Cause of Death {First, (Primary,) Phthisis
Second, (Immediate,) 4 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Calvert

Date of Burial, Sept 26 79

Undertaker, Andrew Sems

Place of Business, 263

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silas Finerty

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 14 *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 340 Hanover

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) ____

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Sept 26

D Deaver M. D.
Medical Attendant.

Undertaker, Austin & Sons

Place of Business, 126 S Eutaw St *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 26 1879

Date of Death, Sept 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joe Ventilean

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 50 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, — (20 hrs in Hospital)

Place of Death, {Give street and number} City Hospital (proved by post mortem)

Cause of Death { First, (Primary,) Chronic Bronchitis
Second, (Immediate,) Apnoea

Duration of last Sickness, Don't know (20 hrs in Hospital whole time)

All the above information should be furnished by the Physician.

Place of Burial, E. Pratt Cemetery

Date of Burial, Sept 25th 1879

David Buell *M. D.*
Medical Attendant.

Undertaker, P. Mullen

Place of Business, Cambridge St

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 25th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josh Abey (House)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 20 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Worcester Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 8 Cairo St

Cause of Death, First (Primary,) Consumption.

Second (Immediate,) "

Duration of Last Sickness, 8 Months.

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount~~ Mountain Worcester Co

Date of Burial, 26 Sept 1879

John A Pennington M. D.
Medical Attendant.

Undertaker, Jacob Gemmenth *Address* 98 N Greene St.

Place of Business, 244 Lexington street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Sophie Simpson Colburn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 39 Pennsylvania Ave

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) " Hydrocephalus

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial,

Undertaker, J H Chalmers

Place of Business, 160 Penn ave

H H Smith *M. D.*
Medical Attendant.

Address, 192 Park Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 24th 11 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Thomas Simms

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 24 *Days.*

Color, colored *Sex,* male

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, 24 days

Place of Death, {Give street and number.} Raton St near 211

Cause of Death, {First (Primary,) Marasmus,
Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Sept 26 1879

{*Undertaker,* Fred'k A. Kerchner
{*Place of Business,* 50 S. Carrollton Ave *Address* 427 W. Fayette St.

Albert Stephens, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Frank

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 23 21 *Years,* 6 *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 220 N Prate Res

Cause of Death First, (Primary,) Insanity

Second, (Immediate,) Suicidal shot (Pis.) Ran ~ brain

Duration of last Sickness, Instant Death

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, Sept 26th 1879

Undertaker, Wm Elder

Place of Business, 101 Gough St

Edmund R Walker M. D.
Medical Attendant.

Address, Coroner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie B Merryman

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 9 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 84 Columbia Ave

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 26th 1879

Undertaker, John Thacher

Place of Business, No 166 Camden

Benn M McWade M. D.
Medical Attendant.

Address 206 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Marbell

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 79 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 23 Pearl street

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sept 27th 8

Undertaker, F. N. Stroll

Place of Business, 131 Hanover St *Address,* 252 Lexington st

H H Darby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 28 1879 BALTIMORE

Date of Death, September 25 h

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard A Miller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, about Eight years

Place of Death, {Give street and number} 674 L. Green St

Cause of Death First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 27th 1879

Undertaker, Henry K. Myers

Place of Business, 415 W Gay St

Julius Hall M. D.
Medical Attendant.

Southern Dispensary

Address, 77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 1879 1 o'clock P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elliott Matilda Baker.

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, *Years,* One (1) *Months,* Two & 1/2 (2½) *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } 941 N. Front St.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 941 N. Front St.

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven (7) days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Sept. 27th 1879

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw St.

Wm. McClanahan M.D.
Medical Attendant.

Address, 116 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nameless Baby Male Alice Hale (mother)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1 hour 1 minute Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 17 Smithsons

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 17 Smithsons

Cause of Death First, (Primary,) They say the mother had a fall

Second, (Immediate,) was known

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Sept 26th

Geo. H. Wagner M. D.
Medical Attendant.

Undertaker, Wm J. Nickum

Place of Business, 65 S. Eutaw Address, 18 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles McDonald

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland (8 yrs in America)

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number} Dr I S Hospital

Cause of Death {First, (Primary,) Typhoid Fever (Walking)
Second, (Immediate,) Exhaustion

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, September 27 1879

Undertaker, Henry Hoen

Place of Business, 329 N. Central Av *Address,* St Joseph Hospital

D. C. Kavanagh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Sept 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George J. Mathison.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 55 Sterling St

Cause of Death First, (Primary,) Malarial fever (Remittant type)

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 27th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guenmount *Address,* 25 & Guenmount Ave.

Wilmer Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Thomas Tully

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.} Female

Age, Nine *Years,* 11 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} 314 Forest st Scarlatina

Cause of Death { First, (Primary,) Second, (Immediate,) } Measles

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Sept 29

Undertaker, Mr Bridefield

Place of Business, ~~Fort Ave~~ Baltimore Ave

A. K. Leas M. D.
Medical Attendant.

Address, 133 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 351

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 27 1879 BALTIMORE

Date of Death, Sept 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A Pierce

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 72 *Years,* 6 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Potter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Cit- Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 688 W Pratt St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) 10 Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 28th 1879

J. Shelton Hill M. D.
Medical Attendant.

Undertaker, W. B. Lord

Place of Business, 1607 W Baltimore Street *Address,* 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Addemann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation, Cooper & Musician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bantzfork, Germ.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 826 N Durham St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 14 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, September 28th

Undertaker, Adam Funk

Place of Business, 460 W. Gay St. *Address,* 261 S. Broadway

H. H. White M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. J. Scott

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 33 Mullen Pl.

Cause of Death First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Coma

Duration of last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept. 28th 1879

Undertaker, Wm. H. Wickham

Place of Business, 234 N. Gay St.

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucretia Martin

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Forty two *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* ——

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Marys Co. Md.

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} No. 171 Cedar row

Cause of Death, First (Primary,) Syphilis

Second (Immediate,) Asthma

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Bonaparte

Date of Burial, Sept 26 1879

Undertaker, Wm. C. Gordon

Place of Business, Paul Ave 63

J. B. Gardner M. D.
Medical Attendant.

Address 120 W. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four houre* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Bauer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington DC

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Baltimore & Calhoun (N, E Cor)

Cause of Death { First, (Primary,) Lung Consumption
Second, (Immediate,) Bronchitis Lung

Duration of last Sickness, All about Six Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept 27th 1879

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

M Raymond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Instructions below, and on the reverse side of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Septr 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph George Hack

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 9 *Years,* 9 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number} 16 Biddle alley

Cause of Death, First, (Primary,) Paralysis of Muscles of Throat

Second, (Immediate,) Inanition

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sept 28

C. Winslow M. D.
Medical Attendant.

Undertaker, Walter Emmel

Place of Business, 252 W Biddle *Address,* 22 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sep 6 - 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred : Loos

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the words not required in this line.}

Age, 20 *Years,* 1 *Months,* 11 *Days*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, Iron Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 84 Bank Sts

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Myers Cemetery

Date of Burial, Sept. 27th

Undertaker, Wm. Ende

Place of Business, 55 Bank St.

Dr. Gilbert M.D.

Medical Attendant.

Address, 137 Wayne St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Seary

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, About 35 *Years.* *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Raleigh N. C.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 253 W. Fayette St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Raleigh N. C.

Date of Burial, Sept 26th 1879

J. R. Uhler M. D.
Medical Attendant.

Undertaker, Wm L Hoecher

Place of Business, Cor, Paca & Fayette Address 234 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit Permit No 1339

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 27 1879 BALTIMORE

Date of Death, Sept 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Lunsen

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number} 36 Lovett St

Cause of Death First, (Primary,) Apoplectic or Paralytic attack

Second, (Immediate,) same as above

Duration of last Sickness, about four hours

All the above information should be furnished by the Physician.

Place of Burial, Level Cemetery

Date of Burial, Sept 28 1879

Undertaker, William Dorsey

Place of Business, No 62 East St

Geo. H. Wagner M. D.
Medical Attendant.

Address, 18 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Travers.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number} 149 Cross St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Confined to bed over 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 28th 1879

Undertaker, Hamilton & Sons

Place of Business, 263 Light St

P. F. McTaee M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35767.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26 - 1899.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Odman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 17 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number} Hull St. Cor. Ft. Avenue

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Exhaustion from

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Harford Co. Md

Date of Burial, Sept 29 - 1899

Undertaker Austrian & Dent.

Place of Business, 263 Light St.

E. H. Janney M. D.
Medical Attendant.

Address, Baltimore Maryland

Extract from Regulations of the Board of Health to secure a Full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 9 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 25th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Woods

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number} Union St. near Central Av.

Cause of Death { First, (Primary,) ; Second, (Immediate,) Congestion of Liver & old age.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Sept. 27th 1879

Undertaker, F. F. Bennett & Co

Place of Business, 6 Asquith St.

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Curran

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ballo.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} 113 Hillen St.

Cause of Death First, (Primary,) Scarlet-fever.

Second, (Immediate,) Convulsions 6 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept-27th 1879

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St. *Address,* 157 N. Eutaw St.

Edward P. Mudrick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilamena J. Hedgecave

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 378 E Monument

Cause of Death { First, (Primary,) Consumption of Lungs
Second, (Immediate,)

Duration of last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sept 28

E J Way M. D.
Medical Attendant.

Undertaker, Fry Bro

Place of Business, 37 N Broadway *Address,* 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 77

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Jones

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md (Easton Shore)

Duration of Residence in the City of Baltimore, 2 1/2 years

Place of Death, {Give street and number} 2 Hales Alley

Cause of Death {First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

Duration of last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial,

Undertaker, P Mullin

Place of Business,

Edwin J Brooks *M. D.*
Medical Attendant.

Address, Com

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Rich Mother

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 14 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 18 Stockholm St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Pneumonia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Shaw St Cem

Date of Burial, Sept 28 1879

Undertaker, Hercules Ross

Place of Business, Conway St

Thos A Clemens M. D.
Medical Attendant.

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wehrman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26 Sept 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F Cole

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 4 *Years,* 11 *Months,* — *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Cathedral St extended

Cause of Death First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of last Sickness, 2 wks + 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Sept 28 1879

G Lane Taneyhill M. D.
Medical Attendant.

Undertaker, Wm C Jordan

Place of Business, Park Ave 63 *Address,* 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~September~~ 26 ~~th~~ 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Minot

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married ✓

Occupation, Oyster-Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland in Baltimore City

Duration of Residence in the City of Baltimore, About 15 Years

Place of Death, {Give street and number} No 189 Tyson St.

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Six Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonna Brae

Date of Burial, Sept 28 1879

Undertaker, John C Loden

Place of Business, Park Ave 63

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Andrews

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.* ✓

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Union Prot Infirmary

Cause of Death { First, (Primary,) Paralysis
Second, (Immediate,) Acute Gastritis

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sept 28th 1879

Undertaker, Andrews & Hodges

Place of Business, No 426 Druid Hill Ave

Louis Fawcett M. D.
Medical Attendant.

Address, 12 Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 35176

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 28 9 BALTIMORE

Date of Death, September 27th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Kroener

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 74 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 30 Rose Street

Cause of Death, First, (Primary,) Senile Decay

Second, (Immediate,) General Debility

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, September 29th 1899

Undertaker, [illegible]

Place of Business, ...

Alex D. Shaw M. D.
Medical Attendant.

Address, 1 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 9 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27 Septbr. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Nahm

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3. *Years,* 6 *Months,* ——— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 43 Forrest St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) ———

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Sept 28 1879

Undertaker, Henry Hook

Place of Business, 814 Central Ave

C H Coffman M.D.
Medical Attendant.

Address, 57 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 9 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Fayley

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 271 Forest St

Cause of Death, First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,) Convulsions, Coma

Duration of last Sickness, Twenty four hours (24 hours)

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Sept 28th 5 Oclock

Geo C Reynolds M. D.
Medical Attendant.

Undertaker, Geo C Rodermund

Place of Business, 38 Eutaw St *Address,* 443 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche E. Jordan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 5 *Years*, 8 *Months*, 7 *Days*.

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 14 N. Amity

Cause of Death, First, (Primary.) Scarlet-Fever

Second, (Immediate,) Nephritis

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Sept 28-1879

Undertaker, J. B. Blackistondon

Place of Business, 606 Balt St

Thomas Price M. D.
Medical Attendant.

Address, Corner Eutaw & Lexington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 9 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia F. Williams Ellis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~~ *Years,* ~~~ *Months,* 3 *Days.*

Parents

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 92 E. Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sept 29 1879

James A. Steuart M. D.

Physician in Attendance.

Undertaker, K. L. Saulsbury

Place of Business, Carlton Ave

Address, Commissioner of Health

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John R. Coulter

[OVER.]

Board of Health, City of Baltimore

Permit No. 35181

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 9 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard O'Neal

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 63 Lemon St.

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick cemetery

Date of Burial, Sep 29th 1879

Undertaker, J B Cook

Place of Business, No 707 W Baltimore street

A. Griffith *M. D.*
Medical Attendant.

Address 11 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35782 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 9 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Sept 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Singleton

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Eighty two *Years,* —— *Months,* —— *Days.*

Color, Black

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Twenty Three years

Place of Death, {Give street and number.} No 222 Preston St

Cause of Death, {First (Primary,) ——; Second (Immediate,) Cerebral Apoplexy

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sept 28 1879

Undertaker, J S McCase

Place of Business, No 198 S Howard St

H Wilson M. D.
Medical Attendant.

Address No 8 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE SEP 29 1879

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 1879 Deceased

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Brashields

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 7 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 419 Cross St.

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 10 days.

being Several cases of diphtheria in this neighborhood. Probably 6 or 8. I see no apparent local cause, without it should be the sewer west of Race St. which is uncovered South of Cross St. parties living there say the odor is quite offensive at times. also vacant lot in rear of house.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Cemetery

Date of Burial, 29. September 1879.

Undertaker, F Lohe.

Place of Business, 425 Cross street

R. J. H. Tall M. D.
Medical Attendant.

Address, 152. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Callan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* A few minutes

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 44 Hillen St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 44 Hillen St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Suffocation from Umbilical Cord.

Duration of last Sickness, a few minute

All the above Information should be furnished by the Physician.

Place of Burial, St Patrickes Cemetery

Date of Burial, Sept 29 1879

Undertaker, James O Byrne

Place of Business, No 63 N Front St

F. E. Chataud Jr. M. D.
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35785

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. IMED 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Franke

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 40 *Years,* One *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany (14 years)

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 186 E. Lombard St

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Bronchitis

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bait. Cemetery

Date of Burial, 30th September

L. C. Mudernut M. D.
Medical Attendant.

Undertaker, Jac. Mueller

Place of Business, 21 Harrison St

Address, 192 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Lehmann

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bitto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 254½ E. Pratt

Cause of Death {First, (Primary,) Marasmus. Second, (Immediate,)

Duration of last Sickness, Sept 28 time

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetary

Date of Burial, September 29th

Undertaker, H. Sautter

Place of Business, 254 Pratt St

J. Mathias M. D.
Medical Attendant.

Address, 1458 Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Alice

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 101 *Years,* 6 *Months,* *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Africa

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and number} 146 N Howard St.

Cause of Death { First, (Primary,) ; Second, (Immediate,) Old age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 29 1879

Undertaker, S. W. Chase

Place of Business, 198 S Howard St

D. Weller M. D.
Medical Attendant.

Address, 89 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Hartzell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 7 Years 5 Months

Place of Death, {Give street and number} 225 Lanvale St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Dyst Uteria

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Sept 29 — McWilliams *M. D.*

Medical Attendant.

Undertaker, J. E. Blough

Place of Business, 319 Lemmon — *Address,* E. Stake & Jas. Lane City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Hahner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 0 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 294 S. Dallas St.

Cause of Death, First, (Primary.) Diphtheritic Croup.

Second, (Immediate,)

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Sept. 29

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 243 Alice Anna St

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Edward Graefe

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 140 Conway.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Scarlatina.

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W.B. Edelen Cemetery

Date of Burial, 30. September.

Undertaker, E. Stockhausen.

Place of Business, Ebys Alley. Light *Address,* 152 Shaw's.

R. J. H. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Simonds

Sex, Male or Female, {cross out the word not required in this line.}

Age, about 40 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Travelling Agent,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Howard House, Hotel

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Consumption of Lungs

Duration of last Sickness, not known, his death was sudden only a few hours sick,

All the above information should be furnished by the Physician.

Place of Burial, Oswego Co New York

Date of Burial, Sept 30th 1879

Undertaker, Andrews & Hodges

Place of Business, 1646 Druid Hill Ave

Geo C Ogle Comm'r M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

Special by Dr L. A. S.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Priddy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, 73 years

Place of Death, {Give street and number.} 336 E. Balto st

Cause of Death, First (Primary,)

Second (Immediate,) Apoplexy 4 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Sept 30th 1879

Undertaker, Denny & Mitchell

Place of Business, 652 Broadway *Address* 340 E. Balto st

J. M. Boyle *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35193.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Miller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 37 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 37 yrs. —

Place of Death, {Give street and number} City - Hospital

Cause of Death { First, (Primary,) Chronic Dysentery
Second, (Immediate,) Asthenia & wks

Duration of last Sickness, & wks

All the above information should be furnished by the Physician.

Place of Burial, National Cemetery London Park

Date of Burial, Oct 29 1879

{ *Undertaker,* F. F. Mayer
{ *Place of Business,* 12 N. Eutaw St

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Specia[illegible]sicians is respectfully invited to the remarks below, and to list of Diseases on back of this certificate.

Board of Health, City of Baltimore.

Permit No. 35794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Struck

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Ba~~ Germany

Duration of Residence in the City of Baltimore, Twenty-five yrs.

Place of Death, {Give street and number} 66 N. Washington St.

Cause of Death First, (Primary,) Contused wound of Abdomen

Second, (Immediate,) Tetanus

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St Alexis Cemetery

Date of Burial, September 29th.

Undertaker, John Heneuy.

Place of Business, 982 Orleans St

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. Th and L. Rs.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SEC. 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 28th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schaefer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* 2 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years.

Place of Death, {Give street and number} No. 358 E. Madison St.

Cause of Death {First, (Primary.) Congestion of the liver. Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, September 30th.

Undertaker, John Herwig

Place of Business, 382 Orleans St

Francis A. Jones M. D.
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Spec[illegible]ysicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr J P Southcomb

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Dentist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary,) Intermittent Fever

Second, (Immediate,) Asthenia

Duration of last Sickness, In Hospital 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Sept 29

Undertaker, My Burr

Place of Business, 54 N Broadway *Address,* City Hospital

Wm P Howard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Hoeltzer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Widower

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 7 Years

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number} 28 Clifford alley

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Senile Decay

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, Sept 29 1879

James A Lewis M.D.
Medical Attendant.

Undertaker, F. A. Fleckner

Place of Business, Carrollton Av *Address,* Comm. of Health + Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenmaster

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35198

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

Date of Death, Sept 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Willis + Chas H. Meyers (Parents)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 9. Peach Alley between Henrietta & Hamburg

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Sept 29th 1879 | James A Steuart M. D.

Undertaker, F. A. Kerchner

Place of Business, 56 S. Carrollton | *Address,* Commonwealth ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E Wainwright

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. A. Savile

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Forty Eight *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Jeweller.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England.

Duration of Residence in the City of Baltimore, Twenty Years.

Place of Death, {Give street and number.} No 105. N. High st.

Cause of Death, {First (Primary,) Gastritis / Second (Immediate,)

Duration of Last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sept-29th 1879

Undertaker, Henry W. Mears

Place of Business, 46 N Gay St

A. P. P. Yeates M. D.
Medical Attendant.

Address 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Bree

Sex, Male or Female, {cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 110 E. Eager St.

Cause of Death, First, (Primary,) Typhus Malarial

Second, (Immediate,) Heart failure

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Sept 30th 1879

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St. *Address,* 211 Broadway

H. H. Mitz, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Perkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy one *Years,* eight *Months,* twenty eight *Days.*

Color, White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, ~~Ditto~~ None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Forty nine years

Place of Death, {Give street and number.} 253 Madison Ave

Cause of Death, First (Primary,)

Second (Immediate,) Uremic Poison

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem't Jas: T. Smith *M. D.*

Medical Attendant.

Date of Burial, Oct 1st 1879

Undertaker, Andrews & Hodges

Place of Business, No 476 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35202.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelhaid Kauffman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} St-Vincents Hospital Fayette

Cause of Death First, (Primary,) Colloid Ovarian tumor

Second, (Immediate,)

Duration of last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, Loyola st lair

Date of Burial, Sept 30th 1879

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Abram B Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29 " 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. Donlen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 6 Days.

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 420 S. Charles St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, all his Life Delicate

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Sept 30 1879 Thos A Glenn M. D.

~~Medical Attendant~~

Undertaker, Jacobus Koehler

Place of Business, Cross & Sharp *Address,* Commissioners Health Department

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by E. Wellmade [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Sept 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bosley

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, ——— *Years,* ——— *Months,* One *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 188 Chesapeake St

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 188 Chesapeak St

Cause of Death, First (Primary,) Lockjaw

Second (Immediate,) Never Recovered the Shock of burnt

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, Sept 30 1879

Undertaker, James P Byrne

Place of Business, N 63 Pm Street

J E Richards M.D.

Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35205 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 RECEIVED

CERTIFICATE OF DEATH.

Date of Death, September 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence York

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 0 *Years,* Two *Months,* 0 *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two Month

Place of Death, {Give street and number} No 100 Chestnut Alley

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Inflamation of Bladder

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cherry Hill

Date of Burial, Sept 29 1879

B F. Bowers *M. D.*
Medical Attendant.

Undertaker, James Brackston

Place of Business, Penitent St. *Address,* Cor Dolphin & Bruff Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. AND be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Sterett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* 0 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and number.} No 203 St Paul St.

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Hemorrhage

Duration of Last Sickness, about 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem'y

Date of Burial, Sept 30th 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st.

Piggott Buckler M. D.
Medical Attendant.

Address 135 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35207

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Robertson Hope

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 5 mos ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition and

Second, (Immediate,) Carbon - Spinal Meningitis

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Sept 30th

Undertaker, C H Blizzard

Place of Business, 177 Penna Ave *Address,*

C. F. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Kriedmis

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, ——— *Years,* ——— *Months,* None *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 347 E. Eager.

Cause of Death, First, (Primary,) ———
Second, (Immediate,) Premature Birth

Duration of last Sickness, 2 days 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus Cemetry

Date of Burial, 29 September

H. H. Taylor M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 210 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. ~~5~~ (35209) OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 30, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Maria Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.,

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and number.} 90 Orchard St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Asthma

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemt

Date of Burial, Oct 1st 1879

Undertaker, Andrews & Hodges

Place of Business, 1416 Druid Hill Ave

J. Edwin Mullan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Prudence Jordan

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 95 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Sept 30th 1879

Undertaker, Dennis & Mitchell

Place of Business, 65 S Broadway *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Edgar Wallace

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 13 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 378 E Monument

Cause of Death, First, (Primary,) Abscess of the Liver

Second, (Immediate,)

Duration of last Sickness, 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 1st 79

E J Way *M. D.*
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 54 N Broadway *Address,* 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, September 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Wyatt

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 81 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Co Va

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} # 5 Ridgeway Court

Cause of Death, First (Primary,) Dislocation of Knee Joint and Patella. Second (Immediate,) of nine years standing / Old Age

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Essex Co Virginia

Date of Burial, September 30

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Jno. W. Brown M. D.

Medical Attendant.

Address 49 Leadenhall St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1824

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35213,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Loemker

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 13 *Years,* *Months,* 17 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} St. Josephs Asylum Central Ave

Cause of Death First, (Primary,) Consumption of Lungs Amphoricht

Second, (Immediate,) Not Ascertained by the Health Officer This child came into the institution in a diseased condition as a result from the infected district in East Baltimore over two years ago. We know nothing of her history.

All the above information should be furnished by the Physician.

Duration of last Sickness,

Place of Burial, St. Alphonsus Ch

Date of Burial, Sept Tuesday 30th 1879

Undertaker, Henry Hock

Place of Business, 309 N. Central Ave *Address,* S. W. Cor Chas & Read Sts

John B. Lemmon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Brummell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* ——— *Months,* ——— *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, about 1 year

Place of Death, {Give street and number.} Arnold House, Sept. near Broadway

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, ~~Sept.~~ 3 Oct. 1st 1879

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 Lombard

S. C. Chew M. D.

Medical Attendant.

Address Arnold House Sept near Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1323

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Griffin

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* 3 *Months,* 11 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, Retired

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland about 52 years

Duration of Residence in the City of Baltimore, about 52 years

Place of Death, {Give street and number.} No 11 Edmondson Ave

Cause of Death, First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness, Some of the last

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct 1. 1879 10 am

{*Undertaker,* J P Paulus

Place of Business, 66 Fredrick Av

B. F. Hesse M. D.
Medical Attendant.

Address 175 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coronor, when the case comes under his notice, to [illegible] within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the [illegible], sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Fleming

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 72 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Over Life

Place of Death, {Give street and number} Lawrence & Water Sts

Cause of Death, First, (Primary,) Chronic Hepatitis (resulting in abscess)

Second, (Immediate,) Pyæmia

Duration of last Sickness, 4-5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 1st 1879

Undertaker, John Thacher

Place of Business, No 150 Saratoga

W. H. Keech M. D.
Medical Attendant.

Address, 53 No Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brace

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* 14 *Days.*

Color, colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 101 Vine Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Chronic Enteritis

Duration of last Sickness, about 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Harpers Cemetery

Date of Burial, Oct 2d 1879

Undertaker, S Wilcox

Place of Business, No 94 Howard St

H Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aaron Jones

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 101 Hill St.

Cause of Death, {First, (Primary.) Scrofulous Ulceration in different parts of his body. Second, (Immediate,) Septicemia

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 30 1879

Undertaker, S. W. Chase

Place of Business, 198 Howard St

J. M. Hace M. D.
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 Sept 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leny Smithers

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 0 *Years,* 5 *Months,* ..... *Days.*

Color, Colc

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 27 Canal alley near Jessamine alley

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,)

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 30 1879

Undertaker, S W Chase

Place of Business, 198 Howard St

G Laine Tarleton M. D.
Medical Attendant.

Address, 129 N Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 32220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Johns Koenig

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} St. Alphonsus Cemetery

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Sept 30 1879

Undertaker, A. Kohler

Place of Business,

James H Cleary M. D.
Attending Physician

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

USE J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Lee

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 22 *Years,* ——— *Months,* ——— *Days.*

Color, colored

Married, ~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 114 N. Bethel St

Cause of Death, First, (Primary,) Dysentery (Chronic

Second, (Immediate,) 2 months

Duration of last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Sept 30 1879

Undertaker, Pat Mullins

Place of Business, Pat Park ave

Thos A Clemens M. D.
~~Medical Attendant.~~

Address, Comm of Health
H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday Sept 29th 79 12 p.m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christian Berger

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 79 *Years,* 8 *Months,* 4 *Days.*

Color, Dark. *Sex,*

Married, ~~Single, Widow~~ or Widower, { Cross out the words not required in this line. } Married

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, { Give street and number. } 436 N. Gay St

Cause of Death, { First (Primary,) Old age

Second (Immediate,) 4 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 1st 79

{ *Undertaker,* Heck.

{ *Place of Business,* Central Av.

Chas. W. St Claire M. D.
Medical Attendant.

Address 185 W. Lafayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Ebeline

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 40 Ridgely St.

Cause of Death First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 30th

Undertaker, George Leimbach

Place of Business, 389 W Pratt st

A. J. N. Tall M. D.
Medical Attendant.

Address, 1528 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Browns

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} X

Age, ~~Years~~, ~~Months~~, 9 Days

Color, Colard

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 3 Jasper St Baltimore City

Duration of Residence in the City of Baltimore, All time

Place of Death, {Give street and number.} No 3 Jasper St

Cause of Death, {First (Primary,) inward Convulsions fits

Second (Immediate,)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 30th

Undertaker, Abraham Wayman

Place of Business, No 13 Saratoga St

J. Pabrel M.D.

Medical Attendant.

Address, No 36 Davis St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept. 30/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } D. M. Decker

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 5 *Months,* 6 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baker St. Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } Baker St. Balto.

Cause of Death, { First, (Primary,) Diphtheria Croup. / Second, (Immediate,) ____

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 1 1879

G. W. Annis M. D.
Medical Attendant.

Undertaker, P. Kunnicht

Place of Business, Mulberry St. *Address,* Cor Stricker & Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

Date of Death, Sunday September 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Browne

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 1 *Months,* 21 *Days.*

Color, colored *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life,

Place of Death, {Give street and number.} 77 Dawson Alley

Cause of Death, First (Primary,) Marasmus (also congenital hernia)

Second (Immediate,) Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, September 30

Irving Miller — M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address* 250 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edard Bates

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 6 *Years,* one *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 1 Abrs Alley

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Uraemia

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Oct 1st 1879

Undertaker, Armstrong & Benn

Place of Business, 263 Light St

J C Brush M. D.
Medical Attendant.

Address, 15 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 29th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James E Clark

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 76 Boyd st

Cause of Death, { First, (Primary,) Teething / Second, (Immediate,)

Duration of last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 1st 1879

H Darling *M. D.*
Medical Attendant.

Undertaker, James F Byrne

Place of Business, No 63 N Gay st *Address,* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on the Last Page hereof.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Kane

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 45 York St

Cause of Death { First, (Primary,) Pericolitis
Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 1 79

Undertaker, Anthony & Dorsey

Place of Business, No 263 Light

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Whitfield

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Typhoid Fever.
Second, (Immediate,) Asthenia

Duration of last Sickness, In Hospital 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 1 th 1879

Undertaker, Wm. Eilau

Place of Business, 101 Gough St

Wm R Howard M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 35231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Sangrall

Sex, Male or Female, {Cross out the word not required in this line,}

Age, 75 *Years,* 4 *Months,* 22 *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore. about 3 Years

Place of Death, {Give street and number.} No 174 Hanover St. Back. [illegible]

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about 2 Years

All the above information should be furnished by the Physician

Place of Burial, Dorchester county Md

Date of Burial, October 2nd 1879

Embalmed W. M. Trimble M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business 263 Light st *Address* 263 W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Trans 1244

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 30th 3 P.M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jonathan J. Gittings GITTINGS

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 ***Years,*** ***Months,*** 3 ***Days.***

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ××1

Occupation, ××1

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 283 E. Madison Street

Cause of Death First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Oak~~ Balto. county

Date of Burial, October 1st, 1879

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Fayette St.

Wm. E. Bennett ***M. D.***
Medical Attendant.

Address, 199 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ella Virginia Watkins

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 1/2 hour *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Nomis alley 30, Balt- U S.

Duration of Residence in the City of Baltimore, 1/2 hour

Place of Death, { Give street and number. } 30 Nomis alley

Cause of Death, First (Primary,) Premature Birth-

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 1st 1879

Undertaker, Hughes & Bro

Place of Business, 361 Fayette St

Wm J. P. Lantum *M. D.*
Medical Attendant.

Address 463 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth,-as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Dawkes Gregory

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 46 12 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Segar maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 251 Lee St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Asthenia

Duration of last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Oct 1st 1879

W. J. McDowell M. D.
Medical Attendant.

Undertaker, Wm J. Ticknor

Place of Business, 65 S. Eutaw

Address 328 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward Richardson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} *311 Franklin Street

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 1st 1879

John Neff M. D.
Medical Attendant.

Undertaker, P. Kennedy

Place of Business, Mulberry St *Address,* 55 & W Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Howard Ridgeway

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~

Age, 5 *Years,* 8 *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Born Baltimore

Place of Death, { Give street and number } 114 Chestnut Alley

Cause of Death, { First, (Primary,) Diphtheria

{ Second, (Immediate,) .....

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 1 1879

Undertaker, S. W. Chase

Place of Business, 1905 Howard St. *Address,* 192 Park Ave

H. M. Antrim *M. D.*
Medical Attendant.

HEALTH DEPARTMENT OCT 1 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Marshall

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 y *Years,* 2 *Months,* Two *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 189 Fremont

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 1 1879

Undertaker, S W Chase

Place of Business, 198 Edward *Address,* 23 North

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie. Shuetz

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 348 Light St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Pseudo-membranous. Laryngitis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, October 2nd.

Undertaker, J. B. Harker.

Place of Business, 321 Light St.

J. O'Hanington M. D.
Medical Attendant.

Address, 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Henck

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 87 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 124 Pearl St.

Cause of Death, {First, (Primary,) ..... Second, (Immediate,) Debility from old age — One year.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cem't

Date of Burial, Oct 2nd 1879

Louis W. Knight M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, Nat'l Mutual Hall *Address,* 112 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward T. Polk Jr. Edward T.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 2 *Years,* ~~Months,~~ ~~Days.~~

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, No

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} # 620 N. Lombard

Cause of Death, {First (Primary,) Pulmonal Congestion

Second (Immediate,) 21 Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Oct 2nd, 1879

Undertaker, F B Cook

Place of Business, No 707 W. Baltimore Street

Edwd M. Hare M. D.
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Rebecca Pickett

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 5 Wilkens Ave

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 2nd 1879

James L Bosley M. D.
Medical Attendant.

Undertaker, J S Coop

Place of Business, 707 W Pratt St *Address,* 319 Wilkens Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. A. Middleknauff

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 269 Stricker St

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Oct 1st 1879

G. W. Amis M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, No 707 W. Baltimore street *Address,* Cor Stricker & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept. 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Turner

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 10 *Months,* 14 *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 182 Hanover St.

Cause of Death, {First, (Primary,) ____ Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, October 1

R. Dn. Hall M. D.
Medical Attendant.

Undertaker, Hercules Boss

Place of Business, 95 Conway St

Address, 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles N. Ernst

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, two *Years,* four *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 7 May st

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) Diphtheritis

Duration of last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, October 2nd

Undertaker, H. Kaufmann

Place of Business, 63 N. Eden St.

L. C. Winternitz M. D.
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Cook

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 13 *Years,* 3 *Months,* ——— *Days.*

Color,

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 426 Cross st.

Cause of Death, {First (Primary,) Typhoid Fever

{Second (Immediate,) Perforation – Peritonitis

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 2d

Undertaker, H Brill

Place of Business, Henrietta 81

Dr Lancy & Barclay M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 29th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leighton Allen Hamilton

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 691 Eighteenth St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Oct 2nd 1879

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address* S.E. cor Hanover and Baltimore Sts

R. H. Goldsmith M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35247

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Tatey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Eighty Eight *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ship Carpter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Fifty Nine years

Place of Death, {Give street and number} 118 Bank St.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Dropsy

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 3rd 1879

Nicholas L. Dashiell, M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Swieger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty two *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} American

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 827 Eastern Ave

Cause of Death, {First (Primary,) Intemperance —

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Oct 1st

Undertaker, John Brown

Place of Business, 1297 S. Durham St

D. C. Ireland *M. D.*
Medical Attendant.

Address Coroner E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Sander.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden. Germany

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number} 156 Henrietta

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 2nd 1879

Undertaker, Ph. A. Dill

Place of Business, 183 Columbia ave

P. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hall

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} Corner Fred and Pratt about 4 o'clock p.m.

Cause of Death, First, (Primary,) Epilepsy during by a fall

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, Five days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 2 79

James Bevan M. D.
Medical Attendant.

Undertaker, J. P. Faulkner

Place of Business, 66 Frederick Av {*Address,* 330 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, September 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Salem Bishop

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Barber

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Snow Hill, Md.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 94 Spring St.

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Asphyxia

Duration of Last Sickness, Unknown. (Very long)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct. 2, 1879

Undertaker, Charles A White

Place of Business, 36 Granby St

A. C. Stein, *M. D.*
Medical Attendant.

Address 915 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} No Jacob McConey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 hours, *Years,* *Months,* *Days.*

Color, ~~Color~~ White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 261 Gilmour St

Place of Death, {Give street and number.} "

Cause of Death, {First (Primary,) Second (Immediate,)} Cyanosis

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Oct 3rd 1879

W. H. Crim M. D.
Medical Attendant.
C. N. Baker MD

{*Undertaker,* J. H. Bloom
Place of Business, 12707 W. Baltimore Street} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. X35253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel H. Wilmore

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 37 *Years,* 4 *Months,* 25. *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Can Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa. U. S. N.

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, {Give street and number} Durham St 213. below Eastern Ave.

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Pulmonary Phthisis.

Duration of last Sickness, Ten weeks.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Burial Ground

Date of Burial, Oct 3 1879

A. V. Gouveiler M. D.
Medical Attendant.

Undertaker, John W. Locke

Place of Business, Wolf St

Address, 254 Eastern Ave
East of Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35254

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Mussell

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 18 Yrs about

Place of Death, { Give street and number } No 175 Ramsay St.

Cause of Death, First, (Primary,) Pulmy Consumption

Second, (Immediate,) Haemorhage of Bowels

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct [redacted]

Undertaker, John Feuss

Place of Business 796 W. Balt

Augustus W. Dodge M. D.
Medical Attendant.

Address, 201 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35255

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 22.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Hascamp

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, wht

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } D.C.

Duration of Residence in the City of Baltimore, 4 mts

Place of Death, { Give street and number } H 2 Durst al -

Cause of Death, { First, (Primary,) Erysipelas

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 24 1879

Undertaker, B. Hasle

Place of Business, 24 N Sl

R A P Ellis *M. D.*
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rino Yanett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 10 *Months,* 13 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Columbus City

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number} 35 Biddle Alley

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,)

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Cadwal

Date of Burial, Oct 2

Wm. R. Rider *M. D.*
Medical Attendant.

Undertaker, Walter Immel

Place of Business, 252 W. Biddle *Address,* 102 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35257 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [redacted] October 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C L Thurn

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 61 *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 13 Dugan

Cause of Death, {First, (Primary,) Chronic Bronchitis

{Second, (Immediate,)

Duration of last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 3.

Undertaker, Walter Immel

Place of Business, 252 W. Baltimore

Louis Chs Mohn M. D.
Medical Attendant.

Address, 22 Hull Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Euphemia Bradley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 8 W. Cross St

Cause of Death, First, (Primary,) Tubercular Miningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Oct 3 at 3 Oclock

Geo Ruppert M. D.
Medical Attendant.

Undertaker, G. G. Radenmayer

Place of Business, 38 Essex St *Address,* 47 W. Cross St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 1, 1879,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Linton,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20th *Years,* *Months,* *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk;

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number} 162 Maryland Ave

Cause of Death {First, (Primary,) Phthisis,
Second, (Immediate,) Phthisis.

Duration of last Sickness, about 3 yrs,

All the above information should be furnished by the Physician.

Place of Burial, Green Mound Cemetery.

Date of Burial, 2 Oct 4 Oclock

W. P. Morgan M. D.
Medical Attendant.

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Eaton Street *Address,* 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Pierce,

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Seventy two *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} 132 N Fremont St.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Cancer of Stomach

Duration of last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Oct 2

Undertaker, C H Leppard

Place of Business, 12 W Pleasant

A. C. Fox M. D.
Medical Attendant.

Address, Cor Fayette & Schroeder Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Schaeffer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 14 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} S. W. Cor. Jefferson & Castle Sts.

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 3 d.

Undertaker, John Hennig.

Place of Business, 382 Orleans St.

C. P. Ivens M.D.

Medical Attendant.

Address, 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Sept~~ Oct 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Lillis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D C

Duration of Residence in the City of Baltimore, About 12 years

Place of Death, {Give street and number.} No 17 Bruce St

Cause of Death, {First (Primary,) Consumption

{Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Ivy Hill Cemetery

Date of Burial, Oct 2 1879

J C Skinner *M. D.*
Medical Attendant.

{*Undertaker,* Wilhelm Lange

{*Place of Business,* No 62 East St *Address* 41 S Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Elam

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* 2 *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} Corner of Penna ave & St Mary's

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, October 2nd 1879

J. H. Gibbons *M. D.*
Medical Attendant.

Undertaker, John Dake

Place of Business, 111 E Balto st *Address* 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Mabel Pretch

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 *Years,* [illegible] *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt'e City — Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 133 Hanover St.

Cause of Death First, (Primary,) Dysentery

Second, (Immediate,) Inflammation of the Bowels

Duration of last Sickness, About 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 3rd

L. A. Bell M. D.
Medical Attendant.

Undertaker, F. N. Ward

Place of Business, #131 Hanover *Address,* 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Atten[illegible] to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Fisher

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} S. W. Cor Ohio Ave & West St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Diarrhoea

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shasta St Cem[illegible]

Date of Burial, Oct 2nd 1879

Undertaker, Hercules Ross

Place of Business, Conway St

James Thomas M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by E. Wenmo[illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible] of Health, City of Baltimore,

Permit No. 35266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hubbert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 11 Months, 22 Days.

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Armistead Lane Nr Light

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Oct 3rd 1879

C. W. Webber M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Address 320 W. Lombard St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 2 BALTIMORE

Date of Death, Oct 2d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Eliza Thomas

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 117 Barre St

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Convulsions

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 117 Barre St

Undertaker, W. J. Fichner,

Place of Business, 69 S. Eutaw St

J. Hunny M. D.
Medical Attendant.

Address, 26 Place St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35268

The Special [illegible] Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Frantz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* two *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 186 E. Lombard St

Cause of Death, First, (Primary.) Inanition

Second, (Immediate,) ———

Duration of last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, October 4th

L. O. Winternitz *M. D.*
Medical Attendant.

Undertaker, Jacob Mueller

Place of Business, Harrison St.

Address, N. E. Edgar St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

J. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October, 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Meyer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 17 *Years,* 9 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 76 Albemarle St

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balle Cemetery

Date of Burial, Oct 3rd 1879

A. Schenck M. D.
Medical Attendant.

Undertaker, W. Osterling

Place of Business, Cor Town & Albemarle *Address,* 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Armstrong

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 19 Temple St

Cause of Death First, (Primary,) Confinement

Second, (Immediate,) Exhaustion = 25 Hours After Labor

Duration of last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct 3. 1879

Undertaker, Charles A White

Place of Business, 35 Granby St

A Schaefer M. D.
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 35271

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jenny Butler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 40 Paca ~~Street~~ Alley

Cause of Death, First (Primary,) Don't Know,

Second (Immediate,) Convulsions, Never called to him ~~not~~ after 12 noon,

Duration of Last Sickness, an hour.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct 3. 1879

Harry L. Byrd M. D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, 35 Granby st

Address 147 Edmondson Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35272

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 3rd, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Jane Thompson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Sixty Five *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number} No. 256 Bank St.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 4th 1879

Wm. H. Anderson, M. D.
Medical Attendant.

Undertaker, Dennis & Mitchell

Place of Business, 638 Broadway *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jena Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Essex Co Va

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number} 6 S Mount St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, Oct 4 1879

Undertaker, J & B Cook

Place of Business, No 707 W Baltimore street

Louis Dula M. D.
Medical Attendant.

Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 35274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, October 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Moore

Sex, Male or Female, {Cross out the words not required in this line.} F'r Male

Age, ——— *Years,* ——— *Months,* 4½ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, 4½ days

Place of Death, {Give street and number.} 62 Henrietta St.

Cause of Death, First (Primary,) Spasms

Second (Immediate,) ———

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 3 d

Undertaker, H Price.

Place of Business, Henrietta 19 81

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dietrich Thielbaker

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 *Years,* 10 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, shoe-maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} 16 Bevan ste.

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Consumption

Duration of last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 5th

Undertaker, H Bride

Place of Business, H Bride

John O. Litzer M. D.
Medical Attendant.

Address, 160 Saratoga ste.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 2/79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant — McCourt (Father)

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 10 hours ~~Days~~

Color, White —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 8 Fells st

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 8 Fells st

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Primature birth, being but 5½ months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 3rd 1879

{ *Undertaker,* James P Byrne

{ *Place of Business,* No 62 N Front st

Edward P Davis M. D.
Medical Attendant.

Address, 157 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1879 BALTIMORE

Date of Death, October 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Scheibaeker

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 419 Cross St.

Cause of Death First, (Primary,) Diphtheritic Croup — two children died of diptheria, in a family on the second, in same house. Last week.

Second, (Immediate,)

Duration of last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Christian cemetery

Date of Burial, October 4 1879.

Undertaker, J Burke

Place of Business, 428 Cross street

R. J. H. Tall M. D.
Medical Attendant.

Address, 15-2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35278

The Physician who attended any person in e last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertak[illegible] or sooner, if requeste[illegible]

[illegible] CAN BE [illegible] WITHOUT A PROPER [illegible]

[illegible] ...LTH DEPARTME[illegible]

CERTIFICATE OF DEATH.

Date of Death, Oct 2, " 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Tierney

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, [illegible] *Years,* 5 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 6 Lower St. West of Mount St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Marasmus

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem[illegible]

Date of Burial, Oct 4th 1879 | James A Steuart M. D.

Undertaker, [illegible] Leonard Coe

Place of Business, Balt St | *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3 0 2 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35279

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th Mo 3 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Medora M. Rigney

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 40 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Frederick City

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and number } 134 S. Paca St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) ____

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Frederick City Md

Date of Burial, Oct 5th

Undertaker, John Mackie

Place of Business, 150 Garden St

W. Riley M. D.
Medical Attendant.

Address, 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Francis 15246

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3 — 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julius Schade

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, ——— *Years,* 11 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 15 S. Monroe St

Cause of Death, First, (Primary,) Cerebro-spinal Meningitis (simple?)

Second, (Immediate,) Eclampsia and exhaustion

Duration of last Sickness, About 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, October 4th/79

C. C. McDowell M. D.
Medical Attendant.

Undertaker, Jno. P. Paulus

Place of Business, 66 Frdk Ave

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35281 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Octo 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice V. Cooper

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* ..... 9 *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 19 McAlears Court

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,) Asthenia.

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary.

Date of Burial, Oct. 3. 1879

Undertaker, Charles A. White

Place of Business, 35 E. Lanby St

Ulmer Bamitz M. D.
Medical Attendant.

Address, 25 1/2 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Davis

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Belfast Ireland 30 years

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 150 South Fremont

Cause of Death First, (Primary,)

Second, (Immediate,) Senility

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, Oct 5—1879

D. P Hoffman *M. D.*
Medical Attendant.

Undertaker, G. B. Blackistone Son

Place of Business, 606 Bute St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT. 4 1879 BALTIMORE

Date of Death, Oct 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Frey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country. (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 23 N Gold St

Cause of Death {First, (Primary,) Acute Bronchitis

{Second, (Immediate,) Diphtheria

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 6 1879

Undertaker, Frey & Bro

Place of Business, 113 Broadway

Wm. L. Purnell M. D.
Medical Attendant.

Address, Broadway Studio

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 2.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob King

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Drayman.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Twenty years.

Place of Death, {Give street and number} 288 Eutaw St (Stall

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,) Asthma

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, Oct 4

Undertaker, Owens & Mills

Place of Business, 225 E Eutaw St

W. S. Booze M. D.
Medical Attendant.

Address, 206 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct- 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Snead Dale

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Eight *Years,* Seven *Months,* ——— *Days.*

Color, Colored

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} — Liberty St Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 154 Lebourg St

Cause of Death, {First (Primary,)} Pneumonia {Second (Immediate,)} Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct. 5-

Undertaker, Owens & Whitby

Place of Business, 228 Eutaw St

Wm J. Cole M. D.
Medical Attendant.

Address 235 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Leibolz

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 288 S Paca St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Diphtheria

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Oct 4th

Undertaker, J. W. Weaver

Place of Business, 129 W Baltimore St

J. H. Harvey M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35287

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Mc. Johnson

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Seventy Years

Place of Death, {Give street and number} 95. S. Bond st

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 6th 1879

Nicholas L. Dashiell M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 35288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence H. Davis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 203 Druid Hill Ave

Cause of Death First, (Primary,) Scarlatina. Second, (Immediate,) { was taken to Lister's house. Come 8 or 9 days ago, where they had ~~Scarlet~~ Fever

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Oct 5th 1879

Undertaker, C. Wiegand

Place of Business, 53 Druid Hill Ave

R. J. H. Sall M. D.
Medical Attendant.

Address, 15 2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30289

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35289

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. John Herman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Bookkeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} London, England

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} # 299 E. Biddle St.

Cause of Death, First, (Primary,) Syphilitic Inunnate of brain

Second, (Immediate,) Compression 12 yrs. ago while

Duration of last Sickness, Several weeks (first contracted the disease in British Army

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Oct 4, 1879

Geo. K. Hartman M. D.
Medical Attendant.

Undertaker, Henry Flesch

Place of Business, 309 Eastial ave *Address,* # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

No. 35290

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F Brannan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 36 Abbey's Alley

Cause of Death, {First, (Primary,) Croup. Diph.
Second, (Immediate,) Fever

Duration of last Sickness, 7 Day

All the above information should be furnished by the Physician.

Place of Burial, Saint Alvet

Date of Burial, Oct 5th 1879

Undertaker, [illegible]

Place of Business, 263 Light

H B Noble M. D.
Medical Attendant.

Address, 17 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Henry Crisp

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* 11 *Months,* 23 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 209 South Wolf St

Cause of Death, First, (Primary,) Casualty. (Scald) Hot Coffee

Second, (Immediate,) (Shock)

Duration of last Sickness, Six Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 5th

Thomas J. P. Evans M. D.
Medical Attendant.

Undertaker, Henry London

Place of Business, 242 Eutaw av

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 3rd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hellwig

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, —— *Years,* 3 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 23. Arsteal Lane

Cause of Death { First, (Primary,) Enteritis — / Second, (Immediate,) ——

Duration of last Sickness, four Days

All the above information should be furnished by the Physician.

Place of Burial, M. Carmel Cem.

Date of Burial, October 4th 1879

Henry Adler — *M. D.*
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 58 Canton Av. *Address,* ——

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Harrison

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Seven *Years,* Nine *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 114 North Washington St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Typho Malarial Fever

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Oct 21st, 1879

Wm R. Gludmier, M. D.
Medical Attendant.

Undertaker, Henry Lander

Place of Business, 252 Eutaw St. *Address,* No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Eitreim

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 435 Bond St.

Cause of Death, First, (Primary,) Infantile Cholera

Second, (Immediate,) Diarrhea

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, October 5 1879.

[illegible] M. D.
Medical Attendant.

Undertaker, J Pohe

Place of Business, 425 Cross street

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct' 3' 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa St Leon

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti.

Duration of Residence in the City of Baltimore, 1 8 Mos.

Place of Death, {Give street and number} 1 Lexington Ct

Cause of Death { First, (Primary,) Marasmus,
Second, (Immediate,) Anhemia

Duration of last Sickness, 4 Mths.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, Oct 5th 1879

Undertaker, Lucy Nelson

Place of Business, 34 Lexington St

David Shutt M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35296

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Schaum

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 66 *Years,* 1 *Months,* 28 *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Glass Blower

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number} 132 Ridgely

Cause of Death First, (Primary,) Malarial Fever

Second, (Immediate,) Chronic Diarrhea

Duration of last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Monday Oct 6

Thomas Cadle M. D.
Medical Attendant.

Undertaker, Armstrong & Jenny

Place of Business, Light & Montgomery *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35297

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

Date of Death, Oct 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Oppenheimer

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 10 Months, 21 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} 19 N. 196 Th. Lombard St

Cause of Death, {First (Primary,) Second (Immediate,)} Cyanosis

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician

Place of Burial, Hanover St. Synagoge Cemetery

Date of Burial, October 5

Undertaker, C. Hollander & Sons

Place of Business, 22 N. Pratt St. *Address* 19 & 196 N. Lombard St

Clemens Wm. Wamboldt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 35298

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35298

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Francis Houghens Infant

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ~~[illegible]~~ ~~Years~~, 2 *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Infant

~~Occupation~~, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 298 Aisquith St

Cause of Death, First, (Primary,) Bronchitis (capillary)

Second, (Immediate,) Convulsions.

Duration of last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Oct 5th 1879

Undertaker, Hoy W. Mears

Place of Business, 45 N. Gay St

Thos. McConnan M. D.
Medical Attendant.

Address, 318 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...nty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...G. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inge C. Backenheimer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 59 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 134 S. Register St.

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Oct 5th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

Wm. D. Haud M. D.
Medical Attendant.

Address, 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

Date of Death, October 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda L. Teague

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* 11 *Days.*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 81 N Henry St

Cause of Death, First (Primary,) Pulmonary Laborum

Second (Immediate,) Gradual Breaking down

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial,

Undertaker, Jos Loane

Place of Business, Cor of Baltimore & Fremont St

James Annelyn M. D.
Medical Attendant.

Address 114 N Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. H. Hooper

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* 10 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 28 Wash. Rd

Cause of Death, {First (Primary,) ..... Second (immediate,) Intermittent Fever.

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt A. Cemetery

Date of Burial, Oct 5th 1879

Undertaker, John Schaefer

Place of Business, No 150 Camden

H W. McIver *M. D.*
Medical Attendant.

Address 320 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1899 BALTIMORE

Date of Death, October 1 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Howard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* 8 *Months,* 12 *Days.*

Color, White *Sex,* Fem

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} #466 E Lombard St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Collapse

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Oct. 5. 1899

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Jos C Berigny *M. D.*
Medical Attendant.

Address Bridge & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 3/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ottia Stecker

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ... *Years,* ..... 3 *Months,* ..... 13 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 54. N. Wolfe st.

Cause of Death { First, (Primary,) Inanition
, { Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, October 5th 1879

Undertaker, Ambrose Koether & Co.

Place of Business, 244 E. Lombard st

P. G. Dausch M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jm Hamilton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, Black

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, All his Life

Place of Death, {Give street and number} Burgundy alley

Cause of Death {First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct. 3d 1879

Undertaker, John C. Jones

Place of Business, No 63 Park

Thos Scott M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Pettricord

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 71 N. Eden St.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Oct. 6th 1879

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St.

C. B. Stein, *M. D.*
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny May Schutz

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, / *Years,* 3 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Bath~~ Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 230 Conway St

Cause of Death, {First, (Primary,) Diphtheria / Second, (Immediate,) 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 5th 1879

Undertaker, Wm J. Tilden

Place of Business, 65 S. Eutaw

I Hunter M. D.
Medical Attendant.

Address, 76 Plaza St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 5[illegible]

Board of Health, City of Baltimore,

Permit No. 35307

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine M. Faust

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 2 *Years,* 2 *Months,* 1 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 9 Stockholm St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 6th 1879

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw

J C Burch M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Oct 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Sylvester Kingsold

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* Two *Months,* — *Days.*

Color, Black

Married, Single, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland Balto City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 6 Torrey Alley

Cause of Death, {First (Primary,) Rheumatism of the heart

Second (Immediate,) Four days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 5th 1879

{*Undertaker,* Wm J Gray

Place of Business, 65 Hulbert St

W Nelson *M. D.*
Medical Attendant.

Address No 6 Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. C

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. J Bennett

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cedar alley

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,)

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, Oct 6th 1879

Thos A Steuart M. D.
Medical Attendant.

Undertaker, F. A. Perdriaux

Place of Business, 50 Carroll ave *Address,* Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Mr. Wainman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm C. Nicholas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* Three *Months,* ____ *Days.*

Color, Cold *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 71 Dallas St

Cause of Death, First (Primary,) Bilous Fever

Second (Immediate,) ____

Duration of Last Sickness, about 2

All the above information should be furnished by the Physician.

Place of Burial, Asbury Encampment

Date of Burial, Oct 5. 1879

Undertaker, William A Lange

Place of Business, 62 East St

O S Mahon M. D.
Medical Attendant.

Address ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Bell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, [illegible] *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} East Virginia 40 yrs

Duration of Residence in the City of Baltimore, about 16 yrs

Place of Death, {Give street and number} No 5 Caldwell

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, abt 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Magely Burying ground

Date of Burial, Oct 5th 1879

Undertaker, Charles A White

Place of Business, 35 Granby St

Geo. S. Kenmore M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit Permit No 1547

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH OCT 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sept 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Elizabeth Moore

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} F

Age, ... *Years,* Three *Months,* 22 *Days*

Color, Black

~~*Married.*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 47 Little Monument

Cause of Death, {First (Primary,) Spasms

Second (Immediate,)

Duration of Last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Octo. 5th 1879

{*Undertaker,* Wm. H. Bishop Jr.

Place of Business, 77 Druid Hill Ave

W. T. Ross M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Leitch

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, 11 yrs.

Place of Death, {Give street and number} 1 S. Bond St.

Cause of Death { First, (Primary,) Typhoid fever
Second, (Immediate,) Coma

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Bath cemetery

Date of Burial, Oct 6th 1879

Undertaker, Denny & Mitchell

Place of Business, 63 S. Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Mash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...O. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. L. Chancellor

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 53 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, Caller Broker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} France Ca Fontinia 30 y Edm.

Duration of Residence in the City of Baltimore, Entire Life.

Place of Death, {Give street and number} Entaw House, Cit.

Cause of Death First, (Primary,) Phthisis Pul. C.

Second, (Immediate,)

Duration of last Sickness, 3 Wks Co

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 7th 1879

Jonathan D. Arnold, M. D.
Medical Attendant.

Undertaker, Hughes & Bro.

Place of Business, Cor Lafayette & Carrollsquare 238 Madison Ave Address, # 7 E. Lexington St. Penna Ave & Dolphin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- orth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...RCLANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} no name Jas Broadbeck Father's name

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 4 — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cor Monument & Central Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Cor Mt & Central Ave

Cause of Death { First, (Primary,) / Second, (Immediate,) } Premature Birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 6 1879

Undertaker, Geo Schilling

Place of Business, Aisquith 175 *Address,*

D. T. Coyner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Allen

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* —— *Months,* —— *Days.*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Salem New Jersey

Duration of Residence in the City of Baltimore, About 2 years

Place of Death, {Give street and number.} No 29 Jew Alley

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, About 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 6. 1879

Undertaker, John C. Jordan

Place of Business, No 68 St Paul

T. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians to Responsibility [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1879 BALTIMORE

Date of Death, October 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Taylor

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 219 E. Chew St

Cause of Death First, (Primary,) Hydro-Cephalus

Second, (Immediate,) Convulsions

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial Annapolis Md

Date of Burial, Oct-6th

Undertaker, [illegible]

Place of Business, 167 Broadway

J. A. Gross M. D.
Medical Attendant.

Address, 137 Aulean St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis P. McGee

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* 7 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 641 Light St.

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,) Epilepsy.

Duration of last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Barne's Brae.

Date of Burial, October 6th

Undertaker, P. Keale

Place of Business, 4 N. Light St.

J. O'Harrington M. D.
Medical Attendant.

Address, 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Henley

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B.C.

Duration of Residence in the City of Baltimore, 1 yrs

Place of Death, {Give street and number} 34 Burroughs

Cause of Death, First, (Primary,) Congestive Chill

Second, (Immediate,)

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Oct 6

Jas. H. Ellis *M. D.*

Medical Attendant.

Undertaker, J B Earle

Place of Business, 4 11 Light St *Address,* 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 35320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elijah S Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days.*

Color, Colored *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 47 China R

Cause of Death, First (Primary,) Heart disease combined with Dropsy

Second (Immediate,)

Duration of Last Sickness, a year or more particularly since the 1st August

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, Oct 6 1879

Undertaker, J W Chase

Place of Business, No 198 Howard St *Address*

Wm G Knowles ..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 35321.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Vandiff

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White -

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 129 E. Lombard St

Cause of Death { First, (Primary,) Consumption.
Second, (Immediate,)

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, October 7th 1879.

J. H. Hock M. D.
Medical Attendant.

Undertaker, John N. Weaver & Co

Place of Business, #22 W. Fayette St *Address,* 55 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1879

CERTIFICATE OF DEATH.

Date of Death, Oct 4 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Lindsey

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, Nine *Years,* Five *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No 176 N Paca St

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Disease of Brain

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 7th 1879

Undertaker, Andrews & Hodges

Place of Business, No 426 Druid Hill Ave

O. L. Dreen M. D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 25323

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1879 BALTIMORE

Date of Death, Oct. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adaline Stine

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} —

Age, 64 *Years,* 3 *Months,* 5 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} 232 George St

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Valvular disease of the Heart

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 7th 1879

Undertaker, Wm Thacher

Place of Business, Pacca & Camden

J H Burney M. D.
Medical Attendant.

Address, 26 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35324 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary ~~Allen~~ Mihan

Sex, ~~Male or~~ Female, { Cross out the words not required in this line. }

Age, 19 *Years,* 10 *Months,* 17 *Days*

Color,

~~Married~~, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 469 W. Baltimore St

Cause of Death, { First (Primary,) Consumption Lungs

Second (Immediate,) Apnoea

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Oct 7 1879

Undertaker, P. Kummel

Place of Business, Mulberry St

R. Gallowhur M.D.
Medical Attendant.

Address. 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Th...

Board of Health, City of Baltimore,

Permit No. 35325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Magnor

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 20 *Years,* 11 *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 30 Fork Avenue

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 7th 1879

Undertaker, Philip S. Bill

Place of Business, 183 Columbia Av

Theodore Cooke M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 35326

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Robinson

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* ____ *Days.*

Color, colored.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 199 Orleans St

Cause of Death, First, (Primary,) Testatis's

Second, (Immediate,) Convulsions,

Duration of last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, Oct 6 1879

Undertaker, Wm A Dunger

Place of Business, No 62 East [illegible] *Address,* 94 S Broadway.

Aug. F. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OT 48.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimo...

Permit No. 35327

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julius Blanken...

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 713 W. Fayette st

Cause of Death {First, (Primary,)} Cerebral Meningitis

{Second, (Immediate,)}

Duration of last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetery

Date of Burial, Oct 6

Undertaker, S B Cook

Place of Business, 709 W Fayette

Louis Bailey M. D.
Medical Attendant.

Address, 314 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 35328 — OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlie Revell

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 4 *Months,* 8 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 256 E. Fayette st

Cause of Death { First, (Primary,) Gastro Enteritis

Second, (Immediate,) Cerebritis

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Oct. 6. 1879

Undertaker, M. A. Dwyer

Place of Business, 744 S. Broadway,

Wm L Russell M. D.
Medical Attendant.

Address, Broadway & Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Godin

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 99 *Years,* 10 *Months,* ~~~ *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, House Maid / Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 8 Mulberry St Near Calvert

Cause of Death, First, (Primary,) Senile decay

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 6th 1879

Undertaker, W. M. Duncan

Place of Business, East St

Jas. A. Allen M.D.
Medical Attendant

Address, Comm of Health
Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by —

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate correctly filled out, to the Undertaker or other pe... caused, or sooner, if requested so to do, under penalty of ...

OCT. 6 ...

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFI...

CERTIFICATE OF DEATH.

Date of Death, Oct 3rd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anastacia Krokes

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 5 *Years,* 3 *Months,* ~~...~~ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 28 Thames Street

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Congestive Chill

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Oct 6th 1879

Chas A Cleveland M. D.
Medical Attendant.

Undertaker, P. Macelhiney

Place of Business, P. Park Ave

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor M.D.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 35331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT. 6 1879 BALTIMORE

Date of Death, Oct 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Broughton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 Years, ——— Months, ——— Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N Baltimore St Nr Eutaw

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart disease 5 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Oct 6th 1879

Undertaker, John S Meacham

Place of Business, No 150 Camden

Wm H. Grim M.D., Wiston Baker M. D.
Medical Attendant

Address 185 West Fayette St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Ph...

Board of Health, City of Baltimor

Permit No. 35332 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1879 BALTIMORE

Date of Death, Oct. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sheridan Rack

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 419 Hamburg

Cause of Death First, (Primary,)

Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 7th

Sheridan Leas M. D.
Medical Attendant.

Undertaker, F. N. Ford

Place of Business, 131 Hanover St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Robinson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 13 Years, — Months, — Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} Basin, foot Henry St

Cause of Death, First, (Primary,) Believed to be Accidentally Drowned

Second, (Immediate,) Shock

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cem.

Date of Burial, Oct 4, 1879

Undertaker, J. H. Kershner

Place of Business, 50 S. Carrollton Av

R. G. Lee M. D.
~~Medical Attendant.~~
Coroner's D.

Address, Hanover & Barre sts

HEALTH DEPARTMENT OCT 6 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. (OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 35334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT
7
1879
BALTIMORE

Date of Death, 5th October 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Liggy Simpson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* *Days.*

Color, black *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, allways

Place of Death, {Give street and number.} 255 Orleans st

Cause of Death, First (Primary,) Cholera infant

Second (Immediate,)

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore St Cem

Date of Burial, Oct 6th 79

Undertaker, Theodore Fiers

Place of Business, 73 Jefferson st *Address* 92 N. Eutaw st

J Schwartz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 5th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Cole

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, about 45 *Years,* *Months,* *Days.*

Color, African *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Huckster

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore co. Md.

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 18 Elder alley

Cause of Death, First (Primary,) Chronic Dysentery

Second (Immediate,) Genral Debility

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Harp St cemetery

Date of Burial, Oct 8th 1879

Undertaker, Mrs Gray

Place of Business, 45 mulberry

W. H. Thompson M. D.

Medical Attendant.

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Follett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number} 188 ½ Lyon St

Cause of Death, First, (Primary.) .....
Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 7th 1879

Undertaker, Wm L Gray

Place of Business, 65 Mulberry

J Lingling M. D.
Medical Attendant.

Address, 63 George St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below.

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL ST[illegible].

Permit No. 35387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Reiley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 54 N Caroline St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Croup

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 7th

Undertaker, Mr Loane

Place of Business, Baltimore St *Address,* 1 W Mt Fayette & Calhoun

W. Kingsbury ..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 58888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6. 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Eddie Hoffman

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 294 E. Henry St.

Cause of Death { First, (Primary.) Premature Birth.

Second, (Immediate.)

Duration of last Sickness, 1 Day.

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Oct 7th 1879

Undertaker, J. O. Byrnes

Place of Business, The same

J. W. Houck M. D.
Medical Attendant.

Address, 75 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1879 HEALTH DEPARTMENT OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Coe

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 81 E Biddle Ear of W Aisquith

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Old Age

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 7th 1879

Undertaker, Jno Boarman

Place of Business, 54 N Broadway

Thos H Hearn M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Patrick A Coulter

[OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Taylor

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, ~~*Years*~~, ~~*Months*~~, 13 *Days*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 238 Durham st

Cause of Death, First (Primary,) Tremens Nascentium

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, 8th Octr 1879

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Anny

Thomas B. Evans, M.D.
Medical Attendant.

Address, 122 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 7 1879 BALTIMORE

Date of Death, Oct. 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Parsons

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 36. *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Ans Birth

Place of Death, {Give street and number} 11 Gould Court

Cause of Death { First, (Primary,) ... Second, (Immediate,) Phthisis

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 8th 1879

Undertaker, Armstrong & Senn

Place of Business, 263 Light St

Theodore Cook M. D.
Medical Attendant.

Address, 146. Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Title Special Attention of City

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 7 1879 BALTIMORE

Date of Death, October 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel R Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 43 Holliday St.

Cause of Death First, (Primary,) Congestion cerebral Softening and Hemorrhage

Second, (Immediate,) Rupture of the Aneurism

Duration of last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Oct 7th 1879

Chas M. Gatch *M. D.*
Medical Attendant.

Undertaker, Deuly & Mitchell

Place of Business, 550 W Fayette St *Address,* 216 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Ruger

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Saloon

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number} 41 Block

Cause of Death First, (Primary,) Fatty degeneration of Heart

Second, (Immediate,)

Duration of last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, October 7

Chas E. Donnelly M. D.
Medical Attendant.

Undertaker, W Delyd

Place of Business, Block 5th

Address, 916 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 7 1879 BALTIMORE

Date of Death, October 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henretta E. Dobson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* 4 *Months,* 6 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 84 S. High St.

Cause of Death First, (Primary,) Congenital Heart-Disease

Second, (Immediate,) Confined to Bed for 26 Mo's

Duration of last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Co

Date of Burial, Oct 8th 1879

A. Frey Shertzer M. D.
Medical Attendant.

Undertaker, Hemline Duffy

Place of Business, 151 S Bond

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred J. D. Moncrabt

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, — *Years,* 10 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto city

Duration of Residence in the City of Baltimore, 10 Mo & 24 days

Place of Death, { Give street and number. } 5 — Fayette St.

Cause of Death, { First (Primary,) Diarrhea

Second (Immediate,) 1 Mo

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'ty

Date of Burial, October 8th

Undertaker. B. Harle

Place of Business, 411 Light Street.

R. E. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Belz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 10 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 14 Wilhelm St

Cause of Death First, (Primary,) Membranous Croup

Second, (Immediate,) "

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 7

Undertaker, J B Cook

Place of Business, 70 & 72 W Balto

W. H. Requardt M. D. *M. D.*
Medical Attendant.

Address, 174 Co Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Stockdale

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* 27 *Days.*

Color, W. C.

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George County

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} No 11 Holliday alley

Cause of Death First, (Primary,)

Second, (Immediate,) Typhoid fever

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 8

M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Pratt

Address, Dr J Entertine 582 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35348.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Allan Gross,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 312 E. Chase St

Cause of Death First, (Primary,)

Second, (Immediate,) Acute Hydrocephalus,

Duration of last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 8th 1879

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

J. W. Hanck M. D.
Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 35349

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund F. Riordan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 240 George St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Blood Poisoning (Diphtheria)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 2d 79

Undertaker, R. Kemp & Son

Place of Business, 92 Hanover

W. F. Kemp M. D.
Medical Attendant.

Address, 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Christian Roth Stein

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One (1) *Years,* Three (3) *Months,* Seven (7) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, Two (2) Years

Place of Death, {Give street and number} 394 N. Durham St

Cause of Death { First, (Primary,) Diphtheritis
Second, (Immediate,) Hepatitis & Asthenia

Duration of last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, Forest Hill, Washington D.C.

Date of Burial, October 8th

J. W. Elbert M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible]

Address, Cor Payson & Durham Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1579

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6' 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Thürin

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 33 *Years,* 6 *Months,* 6 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 25 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 49 N. Charles St

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) of Lungs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Oct. 8th 79

John D. Monnett M. D.
Medical Attendant.

Undertaker, Medical Faculty

Place of Business, 230 Eastern Ave

Address, E. W. Cahill & Reese

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

Permit No. 35352

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Pancoast Horsey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Forty Nine *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, {Give street and number} No 44 East Fremont St

Cause of Death, First, (Primary,) Organic disease of the Heart

Second, (Immediate,) " " " "

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 7th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Jos. Leydellaintz M. D.
Medical Attendant.

Address, W 38 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 15353

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James E. Harris

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 41 yrs. *Years,* ... *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Retinitis Pulmonum
Second, (Immediate,) Apnoea

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, Oct 7 1879

Undertaker, Frank A Keelin

Place of Business, 50 S. Carroll St. *Address,* University Hospital

T. R. Prince *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence J Brown

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ Years, 2 Months, 19 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Catonsville, Md

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number} 38 N. Broadway Md. Institution (Artificial Feeding)

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Indigestion

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Octo 8th 1879

Undertaker, Wm Frey & Bro

Place of Business, Broadway

Thos A Shearer M. D.
Medical Attendant.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by W. H. Bosley

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Barbara Kemmel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 34 Spring Street.

Cause of Death, First (Primary,) Malarial

Second (Immediate,) Typhoid

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Pittsburg Pa

Date of Burial, Oct 7th 1879

A. G. Watson M. D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, N. Central ave *Address* 437 N. Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1851

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, (illegible)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha E Rittenhouse

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1[illegible] Wood St

Cause of Death First, (Primary,) Cerebral Fever

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 8th 1879

Undertaker, Joseph B. Cook

Place of Business, W. Balto St

[illegible] M. D.
Medical Attendant.

Address, [illegible] Wood St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

Date of Death, Oct. 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hopfe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 167 Hamburg

Cause of Death First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem. | *By* Thomas Cottee M. D.

Date of Burial, Oct 8th 1879 | Medical Attendant.

Undertaker, Julius Kaetzler

Place of Business, Cor Sharp & Cross | *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Shultz

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number} No 12 Harmony Court

Cause of Death, First, (Primary,) Cotexus

Second, (Immediate,) Insanition

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Oct 8th 1879

Undertaker, Wm J Coffey

Place of Business, 21 Lewis Ave

W W Antrim M. D.
Medical Attendant.

Address, 192 Pearl st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 35357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPA... OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Scheid

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 4 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 6 St. Peter St

Cause of Death, First, (Primary.) Intussusception of the bowels

Second, (Immediate.) Asthenia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 8th 1879

Undertaker, Julius Koehler

Place of Business, Sharpe & Cross St

G. K. Wiley M. D.
Medical Attendant.

Address, 168 Hanover Street Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35360 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Heckman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty three Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boatman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Penna

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Fort Ave.

Cause of Death, {First (Primary,) Second (Immediate,)} Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemty

Date of Burial, Oct 8 1879

Undertaker, P. Mullin

Place of Business, 2. Park ave

L. C. Briland M. D.
Medical Attendant.

Address Broad & E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35361

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

Date of Death, Oct. 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Cole

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 4 S. Dallas St

Cause of Death. First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 8 1879

Undertaker, Theodore Jones

Place of Business, 13 Patterson St

J. J. Gross M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Morning Oct 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Loring

Sex, Male or Female; {Cross out the words not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 12 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 3 Potomac St City

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number.} 3 Potomac St City

Cause of Death, First (Primary,) Asthenia Ulcerations of the Mouth

Second (Immediate,) Gastritis Convulsion

Duration of Last Sickness, 5 Month

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cimitery

Date of Burial, October 8th 1879

Undertaker, H. M. Filmyer

Place of Business, 241 Eastern Ave

J E Richards M.D.
Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 35363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* 4 *Months,* 12 *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Coachman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Frederick Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 35 Sarah Ann St.

Cause of Death, {First (Primary,) Malignant tumors - Sub Scapula / Second (Immediate,) Dropsy}

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Oct 8 1879

Undertaker, S. W. Chase

Place of Business, No 198 Howard

H. M. Wilson M. D.
Medical Attendant.

Address 257 Mad ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christine Schultz

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~—~~

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 230 Conway st

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pulmonary Catarrh —

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Olivet

Date of Burial, Oct 8th 1879

Undertaker, Wm J Tickner

Place of Business, 65 S. Eutaw

J Hanney M. D.
Medical Attendant.

Address, 76 Stockton st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 353657 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Cabell Baker

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 13 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow or Widower~~

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 242 Lexington St

Cause of Death, First (Primary,) Valvular disease of the heart.

Second (Immediate,) Pneumonia

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Oct 9th 1879

Undertaker, Denny & Mitchell

Place of Business, 53 & 55 Fayette St *Address* 185 West Fayette St

W. H. Grim M.D. & Wilton Baker M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 6. 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kensell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 196 Fork St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 8th

Theodore Lodge M. D.
Medical Attendant.

Undertaker, B. Harley

Place of Business, 411 Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 35367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Turner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Uncertain 39 *Years,* about 2 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Servant at Housework

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, About 9 years

Place of Death, {Give street and number.} 22 Chesnut Alley,

Cause of Death, First (Primary,) Malnutrition from various causes — Husband killed by accident June 11th much work and little food, finally Convulsions

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Oct 8 1879

Undertaker, William N. Lorgh

Place of Business, 1012 East Fleet

A. E. Stein, *M. D.*
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Cavender

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 41 *Years,* ..... *Months,* ..... *Days.*

Color, C

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 41 yrs

Place of Death, {Give street and number} 42 Bruns 1C

Cause of Death, {First, (Primary,) .....
Second, (Immediate,) Paralysis

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 8, 1879

J H Hutton M. D.
Medical Attendant.

Undertaker, John C Jones

Place of Business, 1265 Park

Address, 25 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th October 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea Miller.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 21 *Days.*

Color, white *Sex,* female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 23. Miller St. near Broadway.

Cause of Death, First (Primary,) ____

Second (Immediate,) inflamatio cerebri

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery Robert Smithor M. D.

Medical Attendant.

Date of Burial, October 9 th

Undertaker, Julius Hauck

Place of Business, 12 Miller St. *Address* No 121. N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Schaffer

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 6 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 130 N. Caroline St.

Cause of Death First, (Primary,) —

Second, (Immediate,) Diphtheria.

Duration of last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Bath. Cemetery.

Date of Burial, Oct. 9th 1879

J. D. Gross M. D.
Medical Attendant.

Undertaker, John Henning

Place of Business, 382 Orleans St. *Address,* 137 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth McDevitt

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 37 *Years,* *Months,* *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland 33 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 297 North St

Cause of Death, First (Primary,) Phthisis Pulmonalis —

Second (Immediate,) complicated with malarial fever

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery Richd. McSherry M. D.

Date of Burial, October 7. 1879 Medical Attendant.

Undertaker, Jas. P. Byrne

Place of Business, 63 Front St *Address* 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Annexed Blank, and to the Directions on it.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H Owens

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 3 *Months,* 16 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 21 Sarah Street

Cause of Death, { First, (Primary,) Teething

Second, (Immediate,)

Duration of last Sickness, 3 or 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Oct 8 1879

A Darling *M. D.*
Medical Attendant.

Undertaker, Wm H Dugle

Place of Business, No 62 East St *Address,* 252 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

Permit No. 35343

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward C Davis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 Y 3 *Years,* 7 *Months,* 17 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 351 N Gay St

Cause of Death, First, (Primary,)

Second, (Immediate,) Dyphtheria

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Oct 9th 79

Undertaker, Geo Schilling

Place of Business, 18th and Canal Sts

S. F. Leman M. D.
Medical Attendant.

Address, 135 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Th[illegible] Special Attention of Phy[illegible]

Board of Health, City of Baltimore,

Permit No. 35374 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday Octs. 8th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnnie Powers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 11 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, [redacted] Life time

Place of Death, {Give street and number} 4 Tanneworth St. (Buxton)

Cause of Death { First, (Primary,) Dentition & Indigestion
Second, (Immediate,) Convulsion

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Oct 9th 1879

Undertaker, Hoy W. Mears

Place of Business, 45 N. Gay St

[redacted] Boston M. D.
Medical Attendant.

Address, 25 ½ Gouvernment Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 35375

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mercer

~~Sex, Male or~~ Female, {cross out the word not required in this line.} F

Age, Eighty *Years,* Ten *Months,* ——— *Days.*

Color, White

~~Married, Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Howard County, Md.

Duration of Residence in the City of Baltimore, Thirty two years

Place of Death, {Give street and number} 53 S. Fulton St

Cause of Death, First, (Primary.)

Second, (Immediate,) Cancer of the face

Duration of last Sickness, ~~Three~~ Four years confined to bed nine months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 9 1879

Undertaker, S. M. Leonard & Son

Place of Business, W. Balto St

J. G. Littlewood M. D.
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Bone

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 27 *Years,* 7 *Months,* 15 *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 42 N. Broadway

Cause of Death, First (Primary,) Remittent fever, followed by Nephritis

Second (Immediate,) Child birth, during great prostration

Duration of Last Sickness, 45 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Octr. 8, 1879

Undertaker, M. A. Daiger

Place of Business, 748 S. Broadway

E. J. Lons M.D.

Medical Attendant.

Address, 406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 35877

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo son Lora & Thos. Roberts (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ One hour ~~Months,~~ *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 364 Eutaw Place Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 364 Eutaw Place Balto

Cause of Death, First (Primary,) Foetal Age Six months & one

Second (Immediate,) week. —

Duration of Last Sickness, 1 hour.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct - 10th 1879

Undertaker, Stewart & Mowen

Place of Business, 33 Park ave

Thos. T. Smith, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 35378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora S. Roberts.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ~~All~~ Life

Place of Death, {Give street and number.} 364 Eutaw Place

Cause of Death, First (Primary,) Uncontrollable vomiting of Pregnancy

Second (Immediate,) Asthenia

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 10th 1879

Thos. J. Smith, M. D.
Medical Attendant.

Undertaker, Stewart & Brown

Place of Business, 35 Park Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 35379

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Brandau

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* ..... *Days.*

Color, Wh

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death; {Give street and number} 49 S. Central Av

Cause of Death {First, (Primary,) Pneumonia

Second, (Immediate,) Marasmus

Duration of last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Bal. County

Date of Burial, 9th October

Undertaker, L. Rossing

Place of Business, 97 Orleans St

J. Smith M. D.
Medical Attendant.

Address, 249 S. Bethesda St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 35380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanch Latrobe Frazier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 20 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 443 E. Eager St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Debility

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 10th

Wm H Driffendeffer *M. D.*
Medical Attendant.

Undertaker, Geo Shilling & Co

Place of Business, Mount Vesuvius *Address* Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 35381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1879

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia E Gruber

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 1 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 46 N Amity at Eastern Ave

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Oct 10th 1879

Undertaker, Wm C Clemmons

Place of Business, Cor Mosher & Pa. ave

D J Cronin M. D.
Medical Attendant.

Address, Cor Pa ave & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 35382

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

Date of Death, Oct 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Cooke

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, 1 yr 6 mos

Place of Death, {Give street and number} 300 Hanover st

Cause of Death, {First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, Oct 7 1879

Undertaker, B. Hearle

Place of Business, Light st

R. D. H. Ellis *M. D.*
Medical Attendant.

Address, 315 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G. Keller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 37 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 186 N. Central Ave.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 10 Days.

The above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Oct. 9th 1879

Undertaker, Wm. H. Higginson

Place of Business, 234 ½ Gay St.

Edwin B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 25384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Virginia Brown

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} No 12 Baker St

Cause of Death, First (Primary,) Tubercles of Lungs & bowels

Second (Immediate.)

Duration of Last Sickness, 9 Mos

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va

Date of Burial, Oct 10th 1879

Undertaker, W. E. Chenowith

Place of Business, 341 Pa ave

Chas E Sadtler M. D.
Medical Attendant.

Address 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit-1533

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

Date of Death, Oct 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah P Howard

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 23 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number.} # 25 Shutter St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct. 9 1879

Undertaker, Abraham Wayman

Place of Business, No 73 Saratoga St

Saml J Belt M.D.
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Albert Herbert

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 156 East St

Cause of Death, First, (Primary,) Meningitis, &c.

Second, (Immediate,)

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 10th

Undertaker, George Shillinger

Place of Business, Co. Hewitt & Wenning 1261

D W Cathell M. D.
Medical Attendant.

Address, 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3587

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esau Litchfield.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, W.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co.

Duration of Residence in the City of Baltimore, One Year.

Place of Death, {Give street and number.} 311 N. McDonough St.

Cause of Death, First (Primary,) Typhoid Fever and Pneumonia.
Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, October 10th 1879

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

G. C. Gordon, M. D.
Medical Attendant.

Address 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jones

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 31 Druid Hill ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Rheumatism

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 9th 1879

Thos A Adams M. D.
~~Medical Attendant.~~

Undertaker, Sarah Jones

Place of Business, 31 Druid Hill ave | *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by E. Wareman

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev Samuel Cornelius

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 53 Years, ____ Months, ____ Days.

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Protestant Episcopal Minister

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Two years (2 yrs)

Place of Death, {Give street and number} * 354 W Fayette St

Cause of Death, First, (Primary,) Cancer of mouth & face

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three (3) years

All the above information should be furnished by the physician.

Place of Burial, Oak Hill DC

Date of Burial, Oct 10 - 79

J Shelton Hill M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St Address, 432 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Trans 1554

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 8th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linsey P. Colen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Halifax N. S.

Duration of Residence in the City of Baltimore, 38 days.

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Syphilis 2nd & 3rd Stages & Heart Disease Colo.

Second, (Immediate,) Gastro enteritis,

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wes. Pub. Cemetery

Date of Burial, Oct. 8, 1879

Undertaker, H. A. Kershner

Place of Business, 50 S. Carroll Ave

T. B. Prime M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma M. Newton

Sex, ~~Male~~ / *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* 1 *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 186 S. Fremont St.

Cause of Death, {First (Primary,) Hydroke pericardii

{Second (Immediate,) " "

Duration of Last Sickness, About 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct. 10th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

E. C. Price & Son *M. D.*
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and duration of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35392,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th Octob. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Carmine

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 29. *Years,* *Months,* *Days.*

Color, white *Sex,* female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number.} 63. N. Wolf Str.

Cause of Death, First (Primary,) Menstruatis suppressa

Second (Immediate,) Phthisis pulmon. ulceros.

Duration of Last Sickness, seven months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, Octr. 10. 1879

Robert Amthor, M. D.
Medical Attendant.

Undertaker, M. A. Darger

Place of Business, 74 S. Broadway, *Address* 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35393,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

Date of Death, October 9th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Grief,

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co'y

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 348 Sharp St.

Cause of Death { First, (Primary,) Morbid Debilitation
Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct. 10th 1879

Undertaker, Louis Koehler

Place of Business, Sharp & Cross St

R. J. H. Tiet M. D.
Medical Attendant.

Address, 15 2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William A Mackellan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* 7 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} #235 W. Colvert St Balto

Cause of Death, First (Primary,) Typho Malarial Fever.

Second (Immediate,) Asthenia.

Duration of Last Sickness, 43 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 10th 1879.

Undertaker, John S. Weaver & Co.

Place of Business, #22 W. Fayette St. *Address*

Chas. A. Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 35395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8 '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Fell

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give street and number.} 121 Thos [illegible]

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Bethel~~ Loudon Park Cemetery

Date of Burial, Oct 9th 1879

Undertaker, Theodore F. Locke

Place of Business, 13 Jefferson

Chas Reul — *M. D.*
Medical Attendant.

Address, 121 August

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 35396

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October ~~September~~ 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L Adams

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 13 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number} 15 Sarah ann st

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, about 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Shaft St Cemetery

Date of Burial, Oct 9 1879

Undertaker, J W Chase

Place of Business, ~~Assistant~~ Undertaker *Address,* 252 Lexington st

H Darby *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3597

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th October 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Abel

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, —— *Years,* 1½ *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 E Eager St. corn Elicien

Cause of Death, {First (Primary,) Second (Immediate,)} Eclampsia infant 1 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 10 1879

Undertaker, Henry Floeck

Place of Business, 309 Central Ave *Address,* 5 J Stevens

Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

The Special Attention of Physicians is respectfully [illegible] of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8. '79

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Dinges

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Eleven *Years,* one *Months,* fourteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Penna. ave Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number } W. Lombard. 751 –

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Convulsions

Duration of last Sickness, Twenty four days –

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Oct 9th 1879

Undertaker, Jas. B Cook

Place of Business, No 707 W Baltimore street

H. A. Jones *M. D.*
Medical Attendant.

Address, 93 Fred K. Ave Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 9. 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob F Shue

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 55. *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Frederick

Duration of Residence in the City of Baltimore, 25 Yrs.

Place of Death, { Give street and number } "Tuberculosis 3 S. Stricker St. Bronchitis") near Pratt St

Cause of Death, { First, (Primary.) "Tuberculosis 3 Bronchitis")
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, October 9th 1879

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

D. G. Smith M. D.
Medical Attendant.

Address, 684 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 8/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Deinlein

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 37 7/12 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, ∅

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 160 S. Madeira Alley

Cause of Death First, (Primary,) Enteric Fever.

Second, (Immediate,)

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cem

Date of Burial, October 9th 79

Undertaker, A. Köhler

Place of Business, 246 Fremont

J. Geo. Daniel M. D.
Medical Attendant.

Address, E. P. V. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35701

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1879

CERTIFICATE OF DEATH.

Date of Death, Oct 8/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius V. Freeman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 8 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 Year 2 Months. 8 Days.

Place of Death, {Give street and number} 69 Parkin St.

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,)

Duration of last Sickness, Ten (10) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemet

Date of Burial, Oct 10th 1879

Undertaker, Peter Kinnamon

Place of Business, 217 Mulberry St

H. L. Spain M. D.
Medical Attendant.

Address, 87 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Louisa Osing

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 203 Druid Hill, Ave

Cause of Death First, (Primary,) Scarlatina. Second, (Immediate,) {this child, and one that died a few days ago, was taken to their aunts, whose children had Scarlet fever at the time

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetary

Date of Burial, Oct 9th

Dr J. N. Fall M. D.
Medical Attendant.

Undertaker, C. Weigand

Place of Business, 53 Druid Hill Ave *Address,* 162, Shawe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ... within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Pratt Steed.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Island of Bermuda.

Duration of Residence in the City of Baltimore, Several Months.

Place of Death, {Give street and number.} 139 N. Wolfe Street

Cause of Death, First (Primary,) Cerebral Congestion

Second (Immediate,) Heat, teething, Diarrhoea

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery } H. K. Hillman, M. D.
Medical Attendant.

Date of Burial, Oct 9 1879

Undertaker, Jas P. Byrne *Address* 71 Franklin St.

Place of Business, 63 N. Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 857404

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Yates Seymour

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Eleven Months, 15 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~~~

Occupation, ~~~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} No 44 N. Gay st

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 44 N Gay St

Cause of Death, First (Primary,) Inflamation of Brain

Second (Immediate,)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, October 10th 1879

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

A P Gaines M. D.
Medical Attendant.

Address 33 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas J. Schultz

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, carver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number} 16 S. Conway St

Cause of Death, First, (Primary.) Consumption of Lungs

Second, (Immediate,)

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct. 11th

Undertaker, H. Brice

Place of Business, Hanover St 81

H. Albers M. D.
Medical Attendant.

Address, 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 9-'79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fa. Wm Timmerman Mary " "

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... ½ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 23½ W. Lombard.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Asphyxia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct. 10th 79.

Undertaker, J. Muller

Place of Business, 21 Harrison St. *Address,* 15 2 Shaw

R. J. H. Tull M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hartman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 73 Caster ...

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Spasms

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Lo. Presbyterian Cem

Date of Burial, Oct 4th 79

Undertaker, Wm. Frantz

Place of Business, 256 Caster ...

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Springer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 7 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 200 N. Durham Street

Cause of Death, First, (Primary,) Sawfula

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem

Date of Burial, Oct. 11th 79

Undertaker, W. C. Evans

Place of Business, 250 Eastern Ave

Samuel T. McShane M. D.
Medical Attendant.

Address, 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following Rules

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 8 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Keatley

Sex, ~~Male or Female,~~ {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 179 E Caroline

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,)

Duration of last Sickness, all 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemy

Date of Burial, Oct 10th 1879

Undertaker, John W. Locke

Place of Business, Wolf St

Geo. L Kenneman M. D.
Medical Attendant.

Address, East Dish

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 35710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 9th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Vonhagel.

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 6 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 352 S. Eutaw St.

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Diphtheritic Croup. — No apparent local cause, except the prevalence in the neighborhood. The child had been sick 5 days and was in a dying condition, when I was first called to it, yesterday evening

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus. Cemetery

Date of Burial, October 10th

R. J. N. Tall M. D.
Medical Attendant.

Undertaker, B. Hearle

Place of Business, 411 Light St. *Address,* 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 352/11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulie May Helms -

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female -

Age, 2 *Years,* 4 *Months,* ... *Days.*

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Reisterstown Balto Co. Md

Duration of Residence in the City of Baltimore, Two Months -

Place of Death, {Give street and number} 15 Wilhelm St, bet Fulton & Monroe Sts

Cause of Death First, (Primary,) Scarlet Fever -

Second, (Immediate,) " "

Duration of last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 11

W. McReguler ... *M. D.*
Medical Attendant.

Undertaker, E B Cook

Place of Business, 707 W Pratt & 11 Cutler St *Address,* S W Cor Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas J Tackaberry

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 61 *Years,* 3 *Months,* 21 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ellicots Mills

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} No 11 Hollins alley

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) &

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial Oct 11

Saml Entler Jr M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Balto St *Address,* 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below. And to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3574/13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Oct 9th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Lee

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 19 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 47 E. Eager St.

Cause of Death { First, (Primary.) Bronchitis & Entero Colitis
Second, (Immediate,) Cerebral complication,

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 12th/79

Wilmer Bristow, M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, 4th Land Square Address, 269 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879

CERTIFICATE OF DEATH.

Date of Death, Oct 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Forsley

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ____ Years, ____ Months, 8 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 89 Moores alley

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,) ____

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Evans St Cemetery

Date of Burial, Oct 10th 1879

Undertaker, Jas F. Brackston

Place of Business, 62 Canal alley

Geo. M. Steiner M. D.
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M Jacobs

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 11 *Years,* 5 *Months,* 16 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 510 Cross

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Dropsy

Duration of last Sickness, 10 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Oct 11th 1879

Undertaker, H Brueck

Place of Business,

J Hinney M. D.
Medical Attendant.

Address, 76 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT OCT 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of John H. and Mc Thumbert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 201 Johnson St City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 210 Johnson st

Cause of Death, { First (Primary,) Atelectasis neonatorum

Second (Immediate.) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 10th 1879

Undertaker, Knott & Lucas

Place of Business, 263 Light St.

T. Dougherty **M. D.**
Medical Attendant.

Address 1/3 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gruener

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 8 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City New-York, N. Y.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 7 Walker st

Cause of Death First, (Primary,) Scarlatina.

Second, (Immediate,)

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Hermel Cem.

Date of Burial, October 12

P. Gen Dausch M. D.
Medical Attendant.

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Duenbeck

~~Sex~~, *Male or Female,* {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 69 N. Chapel St

Cause of Death { First, (Primary,) Inanition Typhoid
Second, (Immediate,) Eclampsia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, October 12

Undertaker, John Henrig

Place of Business, 382 Orleans St

Address, 245 S. Howard St

L. Tuttle, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35419

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 6 week 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baer. City

Duration of Residence in the ~~City of Baltimore~~, ~~Life~~ Institution 1 day

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,)

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 11. 1879

Harvey Brown M. D.
Medical Attendant.

Undertaker, Geo Sayres

Place of Business, No. 24 Penna Ave *Address,* 68 McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33420

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane H. Moffett

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number} No 154 Madison Ave

Cause of Death, First, (Primary,) Catarrhal Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 or More Years

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, October 12/79

Christopher Johnston M. D.
Medical Attendant.

Undertaker, R. Pennington

Place of Business, 192 N. Gay St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Quigley

~~Sex, Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married*~~ *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, House

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 499 S. Frederick St

Cause of Death, { First (Primary,) Cancer, Second (Immediate,) Paralysis

Duration of Last Sickness, Eleven Months

All the above information should be furnished by the Physician.

Place of Burial, Loretto

Date of Burial, October 11th 1879

J. Gilmeau *M. D.*
Medical Attendant.

Undertaker, Matthew Tudgan

Place of Business, 227 Mulberry St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

No. 35422

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35422

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Araminta L. Atkinson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne. Arundel Co. Md.

Duration of Residence in the City of Baltimore, About 53 years

Place of Death, {Give street and number} * 9 N. Eden st.

Cause of Death, First, (Primary,) Cerebral Apoplexy

Second, (Immediate,) Paralysis

Duration of last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Oct 11th

Undertaker, Geo. Schilling

Place of Business, Ashland & Eyas

A. Hartman M. D.
Medical Attendant.

Address, * 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 9

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Jones

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 19 Vine St Montgomery

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, About 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 11 1879

Undertaker, William McGuire

Place of Business, 10 Eutaw Alley

R K Jones M. D.
Medical Attendant.

Address, 504 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10 th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. McKenna

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Finish

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 118 Sulphur st

Cause of Death { First, (Primary,) Dilatation of the heart

Second, (Immediate,)

Duration of last Sickness, 2 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Oct 12 "79

Undertaker, C T. Scriven

Place of Business, 271 Eutaw

Edward P Davis M. D.
Medical Attendant.

Address, 187 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Clarkson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* 3 *Months,* 26 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Preston, Lancashire England

Duration of Residence in the City of Baltimore, 58 years.

Place of Death, {Give street and number.} No 135 Aisquith St

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) death immediate

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 12th 1879

Undertaker, John N. Weaver & Co.

Place of Business, #22 W. Fayette St

Eugene Buckler M. D.

Medical Attendant.

Address 135 Richard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

subsequent or previous history or mode of death 35426

(3) **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Moulton

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 57 *Years,* 5 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ✓

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number} 109 Paul st

Cause of Death, First, (Primary,) Tumor

Second, (Immediate,) Exhaustion

Duration of last Sickness, over 12 months

All the above information should be furnished by the Physician.

Place of Burial, Private graveyard in Baltimore county

Date of Burial, Oct 11th 1879, with 2 bearers

C Winslow *M. D.*
Medical Attendant.

Undertaker, J B Cook

Place of Business, No 807 West Baltimore street

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.]

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary H Jessop

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 8 *Days.* 1

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 125 N. Fremont

Cause of Death, {First (Primary,) Pneumonia.
Second (Immediate,)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 12th 1879

Undertaker, Hughes & Bro

Place of Business, 561 Fayette St

J. W. C. Cuddy *M. D.*
Medical Attendant.

Address 343 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 18 *Months,* ____ *Days.*

Color, C & C *Sex,* male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bayonne

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 9 Vincent al

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12 1879

Irving Miller M. D.
Medical Attendant.

Undertaker, S W Chase & co

Place of Business, 198 Howard Address Hom. Free Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W. Keene

Sex, Male or Female, {cross out the word not required in this line.}

Age, 20 *Years,* 9 *Months,* 13 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 110 Mulliken ste.

Cause of Death, First, (Primary,) Consumption of the lungs

Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Cypress Cemetery

Date of Burial, October 11

Undertaker, Andrew Keating

Place of Business, 1446 Fleet

J. J. Litzer M. D.
Medical Attendant.

Address, 160 Saratoga ste.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

• *Board of Health, City of Baltimore,*

Permit No. 35430

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Sullivan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 410 East av.

Cause of Death, First, (Primary,) Malign Scarlatina

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[0741.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Hefele

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, Eight 8/ *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany. Two Months

Duration of Residence in the City of Baltimore, 198 Columbia Ave.

Place of Death, {Give street and number.} Diphtheria

Cause of Death, {First (Primary,) / Second (Immediate,)}

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 12. 1879

Undertaker, Philip J. Kiel

Place of Business, 183 Columbia Av.

David L. Elderdice M.D.
Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35432,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1872 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th October 1872

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Randolph Lowry.

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Louisville, Ky:

Duration of Residence in the City of Baltimore, 24 years—

Place of Death, {Give street and number.} "Albion Hotel" Cathedral Street.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Slow Apnoea

Duration of Last Sickness, Two months and a half.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Oct 13th 1872

Samuel Johnston M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

Address 80 West Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35433

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Somers

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~_____~~ *Years,* ~~_____~~ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 156 E. Dallas St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Soldiers Cem

Date of Burial, Oct 11 1879 Thos A Shearer M. D.

~~Medical Attendant~~

Undertaker, Wendel Diffet

Place of Business, S. Bond St *Address,* Corner of Steadt

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenmark

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Barash

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 11 ..... 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltm. City

Duration of Residence in the City of Baltimore, nine hours

Place of Death, {Give street and number} 337 Orleans st.

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,)

Duration of last Sickness, 4 hours

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch.

Date of Burial, Oct. 12th 79

Undertaker, M. France

Place of Business, 180 Canton Ave

D. Gw. Dance M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35243.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Gorsuch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 24 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Alice anna St No 389.

Cause of Death, First (Primary,) ____ Second (Immediate,) Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft. Mc Henrys Cem. J. H. Martin M. D.

Date of Burial, Oct. 12th '79 Medical Attendant.

Undertaker, Wm. Trance

Place of Business, #230 Eastern Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 9th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Wright

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 376 N. Washington

Cause of Death, First, (Primary.)

Second, (Immediate,) Cerebro-Spinal Meningitis.

Duration of last Sickness, Seven (7) days.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Burial ground

Date of Burial, Oct. 11th 1879

George L. Taylor M. D.
Medical Attendant.

Undertaker, Wm. H. Hackman

Place of Business, 234 N. Gay St. *Address,* 210 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

Date of Death, Oct. 10 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Meister

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Yrs

Place of Death, {Give street and number} No. 96 Bolton St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Burned

Duration of last Sickness, Three Hours

All the above information should be furnished by the Physician.

Place of Burial, 5th St Paul Cem'y

Date of Burial, Oct 12th

J. Kelly M. D.
Medical Attendant.

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

Address, 244 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

Date of Death, October 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Karsten

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 9 Mons. ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 359 E Eager St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Hemorrhage from the umbilical cord

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery See remarks on back of Certificate

Date of Burial, Oct 12th

Fred Klein M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, 12th and Lynn Address, 359 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barnes Robinson

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 29 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widower~~

Occupation, Laboner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford County,

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} Grand Pit on Cole st,

Cause of Death First, (Primary,) Accidental death, Caused

Second, (Immediate,) by the caving of a bank,

Duration of last Sickness, sudden

All the above Information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, Oct 11, 1879

Undertaker, Fred Kirchner

Place of Business, 50 S. Carrollton Ave *Address,*

Geo C Ogle Coroner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 10th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah A. Landers.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } N. W. Cor. Fayette & Pine sts.

Cause of Death, { First (Primary,) / Second (Immediate,) Apoplexy.

Duration of Last Sickness, Four Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 13th 1879

{ *Undertaker,* Hy W. Mears
{ *Place of Business,* 45 N. Gay St

Jas. G. Whitelaw, M. D.
Medical Attendant.

Address Fayette & Pine sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 11 1899 BALTIMORE

Date of Death, Oct 11. 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Welch

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 145 Lanman St

Cause of Death First, (Primary,)

Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, October 12 th

(By) Herman Cook M. D.
Medical Attendant.

Undertaker, B. Hearle

Place of Business, 411 Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1875 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10 1875

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Woodell

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 2 *Months,* 3 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 19 N Dallis

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamart County

Date of Burial, Oct 12th 1875

Undertaker, J Looks

Place of Business, McElderry's

Thomas A Clarke M. D.

Medical Attendant.

Address, Rynsburg

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY [illegible] STATIONERS.

Emanuel Weinman

The Special Attention of Physicians is respectfully invited to the remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th 1879 — Baumbach

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Bumbach

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* 1 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 58 N. Caroline St

Cause of Death First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Centre

Date of Burial, Oct. 13th 1879

J. J. Lewis *M. D.*
Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address,* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5'5444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct ~~11~~ 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lee Carter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 42 Sterling St

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wallis & Burying ground

Date of Burial, Oct. 12. 1879

Undertaker, Chas A White

Place of Business, 35 Hanover st

Wm H Steffenderffer M. D.
Medical Attendant.

Address 81 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hughes

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 84 Patterson Avenue

Cause of Death First, (Primary,) Paraplegia

Second, (Immediate,) Asthenia

Duration of last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters R.C.M.

Date of Burial, Monday Oct 13th 79

Marbury Brewer M. D.
Medical Attendant.

Undertaker, J. Cook

Place of Business, Baltimore near Shroder *Address,* 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 65446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katy Beck

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 6 *Years,* 5 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore Co

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 421 Hamburg st

Cause of Death, { First (Primary,) Diphtheria / Second (Immediate,) }

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 15th 1879

Undertaker, H Buck

Place of Business, 81 Hanover

J G Woodward *M. D.*
Medical Attendant.

Address, 203 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adah Moffitt

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 9 *Years,* 5 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 142 E Pacca St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Genral Paralysis

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Oct 12th 1879

Undertaker, John Thatcher

Place of Business, No 150 Camden St

L Hurney M. D.
Medical Attendant.

Address, 762 E Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Shepherd

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 338 Raborg St.

Cause of Death { First, (Primary,) Pertussis
Second, (Immediate,) Convulsions

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Shumpstreet Cemetery

Date of Burial, Oct 12 1879

Undertaker, Williams & Dugee

Place of Business, 110 Hetherly

I Dennett Norris M. D.
Medical Attendant.

Address, 532 W Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 1 0 4 4 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35446

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Beck

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* 1 *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 106 Eastern Aven.

Cause of Death, First, (Primary,) Cancer of the pyloric Grand.

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, October 13th

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

D. D. Liter M. D.
Medical Attendant.

Address, 106 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A Dubrueil Jr.

HEALTH DEPARTMENT OCT 12 1879 BALTIMORE.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 316 N. Lombard st

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Hydrops peritonei — Effusion

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Oct 12th 1879

M Hammond M. D.
Medical Attendant.

Undertaker, W B Court

Place of Business, No 707 N Baltimore Street — *Address,* 64 N Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Octo 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas, F. Gray.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, *Years,* 10 *Months,* 22 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 5 St. Thomas Court,

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Asthenia,

Duration of last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct 12. 1879

Undertaker, C A White

Place of Business, 35 Grundy st

Wilmer Brinton M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35452.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Stahm

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 1 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 43. Forest St.

Cause of Death {First, (Primary,) Hydrocephalus

Second, (Immediate,)

Duration of last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 13 1879

Geo. L. Kinnemon *M. D.*
Medical Attendant.

Undertaker, Henry Houck

Place of Business, 309 Central Ave *Address,* 75 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Snowman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* ____ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 351 N. Central Ave.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) ____

Duration of last Sickness, 11 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, Oct 13, 1879

Undertaker, Henry Heath

Place of Business, 309 Central Ave

Edwin B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Instructions

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward T. Waldsmith

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 34 N. Caroline St

Cause of Death First, (Primary,) Gastritis

Second, (Immediate,)

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, October 13th 1879

J. J. Lowe M. D.
Medical Attendant.

Undertaker, John H. Weaver & Co.

Place of Business, #22 W. Fayette St *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. ....

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Landenschlager

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 1 Year, — Months, — Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ditto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 124 Lowth.

Cause of Death {First, (Primary,) Statitis; Eclampsia

{Second, (Immediate,)

Duration of last Sickness, 2 week

All the above information should be furnished by the Physician.

Place of Burial, Otto Cemetery

Date of Burial, Oct. 13th 79

Undertaker, H. Schultheiss

Place of Business, 261 Monument

Address,

J. Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35456

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick W Krumm

Sex, Male or ~~Female~~, { cross out the word not required in this line. } M

Age, 2 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 237 E Lexington St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheria

Duration of last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 14th

Undertaker, F. N. Ford

Place of Business, #131 Hanover St

H. W. Webster M. D.
Medical Attendant.

Address, 57 Bruce St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35157

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Eisenman

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 52 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } 279 S. Gay St.

Cause of Death, First, (Primary,) Brain Disease

Second, (Immediate,) Coma

Duration of last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Helena Cemetery

Date of Burial, October 14th 1879

Chas. A. Braun M. D.
Medical Attendant.

Undertaker, H. Glass

Place of Business, 101 Fourth St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33450

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant male of D. G. Creamer

Sex, Male or Female, { cross out the word not required in this line. } Male (Parents)

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } W. Fay St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Premature Birth

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 13th 1879

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 352459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Maddox

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 940 N. Paca St

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 13 Oct

Undertaker, P Kimmel

Place of Business, 317 Mulberry *Address,* 317 Mulberry St

Jas I Gourley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 35769

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barsini Pettirosch

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* 9 years *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 71 Eden St. (North)

Cause of Death, First (Primary,) Diptheria followed by bronchitis

Second (Immediate,)

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Bonds

Date of Burial, Oct 14th 1879

Undertaker, H. Rehn

Place of Business, 43 N. Eden St.

A. E. Stein, M. D.
Medical Attendant.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Regulations Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Calvin J. Brown

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } W. McCulloh St

Cause of Death { First, (Primary,) Phthisis Pulmonalis. / Second, (Immediate,) }

Duration of last Sickness, 7 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Oct 14th 1879 J. McElfatrick M.D.

Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 486 Druid Hill Ave *Address,* 21 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

No. 8.9402

Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Helena Neuthal

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 81 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number} 76 Hanover St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Fraser Rd Het Cemet

Date of Burial, Oct 13th

Helen Jennings M. D.
Medical Attendant.

Undertaker, H. N. Toll

Place of Business, #131 Hanover St

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th of October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Cooper

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 9 *Months,* 2 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number.} 40 N. Pennsylvania Ave

Cause of Death, First (Primary,) Teething

Second (Immediate,) Effusion of brain

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, ~~London~~ Park Cem

Date of Burial, Oct 13th 1879

H Schmidt M. D.
Medical Attendant.

Undertaker, Denny & Mitchell *Address* 42 N. Eutaw St

Place of Business, 550 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35764

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Blantzer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 173 W Fayette st

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet cemetery

Date of Burial, Oct 14th 1879

Undertaker, Jos B Cook

Place of Business, No 704 W Baltimore Street

James Barker M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herbert Johnson

Sex, Male or ~~Female~~, { Cross out the words not required in this line. }

Age, ——— *Years,* ——— *Months,* 4 mo *Days*

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } ~~#~~ 145 Chestnut St

Cause of Death, { First (Primary,) Trismus Nascentium / Second (Immediate,) Exhaustion

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 12th 1879

Undertaker, Wm W Madden

Place of Business, # 280 Chew st

Land J Bell M.D.
Medical Attendant.

Address, 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm P. Bannon

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 7 *Years,* 8 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 8 N Schroeder Av.

Cause of Death First, (Primary,) Scarlet fever

Second, (Immediate,) Albuminuria - Hydrops Pericardii

Duration of last Sickness, 37 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 12. 1879

Undertaker, Joseph Byrne

Place of Business, 5 E. Lexington St *Address,* 68 McCulloh St

Marbury Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35467

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret O'Neil

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 60 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wexford County Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} Boundary Avenue near Park Avenue

Cause of Death, First, (Primary,) Bronchio Pneumonia

Second, (Immediate,) "

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, October 14th 79

Date of Burial, New Cathedral

Undertaker, C. F. Scriven

Place of Business, 241 Eutaw

P. O. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. 2344

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma A. Gruber

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 9 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✗✗✗

Occupation, ✗✗✗

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } 89½ Eastern Ave

Cause of Death { First, (Primary,) Cerebral Malignant / Second, (Immediate,) Eclampsia

Duration of last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct. 13th 1879.

Undertaker, Wm. H. Richman

Place of Business, 234 N. Gay St.

James E. Donnelly M. D.
Medical Attendant.

Address, 1916 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 20407

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35469

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Weber

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 21 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Mount St. between Ramsay & Cole (SL)

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. Balto Cemetery

Date of Burial, Oct 13th 1879 John A. Steiner M. D.

Undertaker, F. A. Kershner

Place of Business, Carrollton Av *Address,* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam. by E. Weinmann

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Eno

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Georgetown D. C

Duration of Residence in the City of Baltimore, 45 years -

Place of Death, {Give street and number} 26 Milliman St

Cause of Death, First, (Primary,) Apoplexy -

Second, (Immediate,) Paralysis

Duration of last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 14th 1879

Wm. L. Russell M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square

Address, Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Dan. Jones

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* Two *Months,* Four *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, 1

Place of Death, { Give street and number. } 23 Parrish st

Cause of Death, { First (Primary,) Delicate from birth, mother having Jaundice

Second (Immediate,) Spasms.

Duration of Last Sickness, said to be five days, I saw it twice

All the above information should be furnished by the Physician.

Place of Burial, West Ave Cemetery

Date of Burial, Oct 13 1879

Undertaker, Williamsburg

Place of Business, No 62 East 3rd

J. H. Jordan M. D.
Medical Attendant.

Address 632 Lexington st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josie Henry

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Cohen alley

Cause of Death { First, (Primary,) Cathenia infantile
Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 13 1879

Undertaker, John C. Bolan

Place of Business, Park ave

P H Mustain *M. D.*
Medical Attendant.

Address, 6 & A Lane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lowmerfeel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 38 Penna ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Bronchitis / 6 da

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 14th 1879

Undertaker, Philip T. Dill

Place of Business, 183 Columbia ave

W. D. Stewart M. D.
Medical Attendant.

Address West & Mulberry Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Carmichael

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Fifty Three *Years,* Four *Months,* Nine *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, Milliner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} County Antrim Ireland

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and number.} No 82 S. Caroline St

Cause of Death, First (Primary,) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Potts Creek

Date of Burial, Oct. 14

Undertaker, Geo. W. Stone

Place of Business, 195 Eutaw St

A. P. Kelly Yeates M. D.
Medical Attendant.

Address 133 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Lamden

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, 31 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

~~*Occupation,*~~

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 393 Orleans st

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, October 14th 1879

Undertaker, H. M. Gilmore

Place of Business, 341 Eastern Ave

Thomas P. Evans M.D.
Medical Attendant.

Address, 92 Dockham Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12 th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Schaffer

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* Eight (8) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 46 N. Dallas st

Cause of Death { First, (Primary,) Trismus Nascentium, Second, (Immediate,) Abscess

Duration of last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem

Date of Burial, Oct 14th 1879

Undertaker, H. Medairy

Place of Business, 62 N. Eden

L. L. Wilkins M. D.
Medical Attendant,

Address, 911 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35477

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Blanchbury

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 10 Sh James St

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Pneumonia

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 14th 1879

Undertaker, C. A. Wells

Place of Business, Granby St

James A Steuart M. D.

Medical Certificate.

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 13 1879 BALTIMORE

Date of Death, October 13th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Welsh

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 21 ~~9~~ *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 106 Franklin St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 14 days

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 14th 1879

Louis C. Hinn *M. D.*
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

35[illegible] # 35479

Date of Death, Oct 12th 1879
Name of Deceased, Franklin Morris Cobb Jr
Sex —— Male
Age —— 27 Years
Color —— White
Occupation Butcher
Birthplace Baltimore
Duration of residence in B.C. — all his life
Place of death, 280 N. Hoffman st
Cause of Death { Acute Tuberculosis / Hemorrhage from lungs
Duration of last sickness, Three weeks

HEALTH DEPARTMENT OCT 14 1879 BALTIMORE

Medical Attendant
D. L. Williams M.D.
201 Madison Ave

Undertaker -
Loudon Park Cemetery
October 14th 1879
Wm O Weaver
No 202 N Eutaw St

I have used all my printed blanks
am therefore obliged to write this

D. L. Williams

(See Following Certificate)

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No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Jno Abell Jr

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 27 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 780 W. Baltimore St

Cause of Death, First, (Primary,) Acute Tuberculosis

Second, (Immediate,) Hemorrhage of Lungs

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 14 1879

Undertaker, Wm Weaver

Place of Business, N. Eutaw St

James A Steuart M. D.

~~Medical Attendant.~~ Physician

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33402

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mortica Jacobs

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* 6 *Months,* 24 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penn Co. Penna

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give street and number} 21 Heath St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Abscess of the Lungs

Duration of last Sickness, 11 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount St Pleasant

Date of Burial, October 15th

Theodore Cox M. D.
Medical Attendant.

Undertaker, J B Harley

Place of Business, 411 Light St *Address,* 146 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 14 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, October 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Digney

Sex, ~~Male~~ ~~Female~~, {Cross out the words not required in this line.} ~~Female~~ Male

Age, — 23 — *Years,* — 3 — *Months,* —— *Days*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married

Occupation, Hack Driver

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life n.

Place of Death, {Give street and number.} — No 13. Fullerton St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, — 12 Months —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, October 14th 1879

Undertaker, John Salee

Place of Business, 141 E Balto St

Thomas B. Evans, M.D.
Medical Attendant.

Address, 99 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1879 BALTIMORE

Date of Death, October 13, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gilbert Lowry

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* 1 *Months,* *Days.*

Color, W Lite

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 55 Broadway

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, October 15. 1879

Undertaker, D W Magar

Place of Business, 12 N Bal

I H Hock M. D.
Medical Attendant.

Address, 75 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35402

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Stolzenbach

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 17 *Years,* 2 *Months,* *Days.*

Color,

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 84 N Dallas n-

Cause of Death First, (Primary,) Acute Tubercular Phthisis

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 15th 1879

Undertaker, Eastham & Piver

Place of Business, 5 Bond St N 272

W. L. Russell *M. D.*
Medical Attendant.

Address, Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the matter below, and to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Galliher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 178 Pine St

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 178 Pine St

Cause of Death, {First (Primary,) Scarlatina Anginosa / Second (Immediate,) Prostration}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 15 1879

H. F. Hill M. D.
Medical Attendant.

Undertaker, P. C. Kummer

Place of Business, 311 Hanover St

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8 P. M. 12th October, 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Henry Jenkins

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, abt 14 *Years,* ..... *Months,* ..... *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. } Married

Occupation, Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Charles County, Maryland.

Duration of Residence in the City of Baltimore, abt 14 years

Place of Death, { Give street and number. } No 3 Orchard St, Baltimore City

Cause of Death, First (Primary,) Valvular disease of the heart

Second (Immediate,) Mitral valve

Duration of Last Sickness, Over a year — I saw him only last week twice

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 14 1879

Undertaker, H W Chase

Place of Business, No 19 S Howard St

Thos S. Worth M. D.
Medical Attendant.

Address 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Penalty on Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 11th '79. 11 a M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Elkridge Landing, Md.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 77 Elbow Lane

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Asthenia

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 13 1879

Undertaker, H M Chase

Place of Business, No 198 N Howard St *Address* 574 Columbia St

H W Lage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35487

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE OCT 14 1879

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M E Speake

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* 4 *Months,* 2 *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 406. Stricker St

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 406. Stricker St.

Cause of Death, First, (Primary.) Measles

Second, (Immediate,) Congestion of lungs & brain

Duration of last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 15th

Undertaker, John E Mongle

Place of Business, 319 Lemmon Ave

G. H. Norris M. D.
Medical Attendant.

Address, Cor Stricker & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35488

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Watson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and number } 65 Eastern Avenue

Cause of Death, { First, (Primary,) Hemiplegia

Second, (Immediate,) —

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 16th 1879

Undertaker, Denny & Mitchell

Place of Business, 65 & Broadway

Thos. E. Bond M. D.
Medical Attendant.

Address, 8 N. Holliday

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Notice Below, and the Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35289

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berthea Dickson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number.} No 128 Stirling St

Cause of Death, {First (Primary,) Measles / Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 14 the 1879

Undertaker, Charles A White

Place of Business, 35 Granby St

J. D. Sikes *M. D.*
Medical Attendant.

Address No. 370 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 35490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 35490

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct: 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Zellans

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ 2 *Months,* 21 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ~~—~~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto M.S.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} Cor Chest & Essex Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns M.E. Cem

Date of Burial, Oct 14 1879

Undertaker, Henry Koentz

Place of Business, 309 Central Ave

Silas W. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35491

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Birmingham

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} * 412 E. Fayette st.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 16 or 17 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 15th 1879

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Henry Hook

Place of Business, 369 N. Central Ave. *Address,* * 305 N. Carolina st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No. [illegible]

Board of Health, City of Baltimore,

Permit No. 35792 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 100 W Lemmon St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Scarlatina

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Ch. Com

Date of Burial, Oct. 15th 1879

Undertaker, Julius Kaehler

Place of Business, Sharpe Cross St

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

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No. 35493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brady

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 7 Hull st

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheria

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Cathedral

Date of Burial, Oct 15th 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover

H W Webster M. D.
Medical Attendant.

Address, 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Jane Ellison

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Cor. Rock & Lexington sts

Cause of Death, First (Primary,) Softening of the Brain

Second (Immediate,) Paralysis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 14th 1879

P. V. Bowers M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, No 707 W. Baltimore Street *Address* 191 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Louise Schott

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 424 W. Balt. St

Cause of Death, First (Primary,)

Second (Immediate,) Croup

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 14th 1879.

Undertaker, Adam Reidemeyer

Place of Business, 578 W. Baltimore St.

J. Schmidt M. D.
Medical Attendant.

Address 92 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Sheets

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 68 Lexington St.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 4 N. Frederick Ave.

Cause of Death, First (Primary,) Phthisis Pulmonary

Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, 15th October

Geo. G. Brewer M. D.
Medical Attendant.

Undertaker, Matthias Cadigan

Place of Business, 227 Hanover

Address 258 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35497

...respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha V Berry

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 745 W Lombard ca

Cause of Death { First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Oct 15th 1879

Undertaker, J B Cook

Place of Business, W Balto St

Jas Bolan M. D.
Medical Attendant.

Address, 319 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Journal 1587

No. 33498

...is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adele Caldwell

Sex, Male or Female, {cross out the word not required in this line.}

Age, Seven *Years,* Ten *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 235 N Carey st

Cause of Death First, (Primary,) Diabetes Mellitus

Second, (Immediate,)

Duration of last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, October 15th 1879

Geo C Ofle *M. D.*
Medical Attendant.

Undertaker, John S. Weaver & Co

Place of Business, #22 W. Fayette St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...fully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Rosalie Emrich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Freehold New Jersey

Duration of Residence in the City of Baltimore, Was visiting Relatives arrived in Balto about 3 weeks ago

Place of Death, {Give street and number.} N. E. cor Gilmor & Townsend sts

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Chab Shalom

Date of Burial, Oct. 16th 1879

Undertaker, Mrs. J. Ticken *Address*

Place of Business, 68 S. Eutaw

F. H. McManus *M. D.*
Medical Attendant.

71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35500

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35500

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Brady

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 15 *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 7 Hill st

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 15th 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover st,

H W Webster M. D.
Medical Attendant.

Address, 57 Bank st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 15 1879

Date of Death, October 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia Sarvis Wilmer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} France

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number.} No 195 N Charles Street

Cause of Death, First (Primary,) ..... / Second (Immediate,) Acute Puerperal Mania

Duration of Last Sickness, Three days -

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Oct. 16 1879

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light St

Reggie Buckler M. D.
Medical Attendant.

Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Epstein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 18 Granby

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Belair Road Hebr J. W. P. Bales M. D.

Medical Attendant.

Date of Burial, 15th Octo. 1879

Undertaker, David Hyman

Place of Business, Exeter St *Address* 1½ S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is respectfully invited to the remarks below, and to last of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Ann Maud Wade

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Two *Years,* six *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 Chestnut Alley.

Cause of Death, First (Primary,) Gastritis

Second (Immediate,) Convulsions

Duration of Last Sickness, nine days

All the above information should be furnished by the Physician.

Place of Burial, Spring St Cemetery

Date of Burial, Oct 14 1879

A. J. Bell *M. D.*
Medical Attendant.

Undertaker, Peter Kummer

Place of Business, 317 Druid Hill Ave

Address 234 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35504

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastian Hufnagel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Wertheim, Baden, Germany

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number} S. Chapel St. Nr 80

Cause of Death, First, (Primary,) Cirrhosis hepatis

Second, (Immediate,) Hydrops Ascites

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 16th October 79

Undertaker, Henry Beine

Place of Business, Alice Anne St 252

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe St 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 30

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Troff.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 326 S. Eutaw St.

Cause of Death { First, (Primary,) ; Second, (Immediate,) Diphtheritic Croup. } { There has been a number of cases in the neighborhood

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Octr 15th 1879

Undertaker, Wm. Secord

Place of Business, 35 S. Eutaw St.

R. J. H. Tull M. D.
Medical Attendant.

Address, 15 2 Thard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella May Quinn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1 W. Lombard St & Carrollton Ave

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) "

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Oct 14

W. H. Regester *M. D.*
Medical Attendant.

Undertaker, J B Cook

Place of Business, 70 & 72 W Baltimore *Address,* W. Lafayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 350

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct- 15, 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edwin D. Mayl

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Musician,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City, Lifetime.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 190 Mulberry St.

Cause of Death { First, (Primary,) Phthisis, / Second, (Immediate,) Phthisis,

Duration of last Sickness, Six months,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Oct 16th 1879

W. P. Morgan *M. D.*
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 486 David Hill Ave *Address,* 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Ann Baker

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Oct 17th 1879

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Virginia Lane

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 25 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 5 Pear Al.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) " "

Duration of Last Sickness, 3 or 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct. 16

Undertaker, C. T. Blizzard

Place of Business, 177 Pearl Ave

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett C Linn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 32 Years, 9 Months, 11 Days.

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 85 Burgundy Alley

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) 6 mo

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15 1879

Undertaker, S. Gorman

Place of Business, 198 Howard St

J H Linn M. D.
Medical Attendant.

Address, 76 Stacy St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 3337

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Pumphrey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* ____ *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 1 Bolton St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Pneumonia

Duration of last Sickness, Some weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15 1879

H H Smith ____ *M. D.*
Medical Attendant.

Undertaker, S. McShane

Place of Business, 198 S Howard St *Address,* 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Burkhart

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 1 Years, Months, Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Cigar Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Both Parents

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 57 E. Hoffman St.

Cause of Death { First, (Primary,) Typhoid Fever / Second, (Immediate,) Exhaustion

Duration of last Sickness, About Five (5) weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y

Date of Burial, Oct. 15th '79

Undertaker, Mc. Frane

Place of Business, 280 Canton Ave. *Address,* 1711 E. Broadway

J. L. Wellkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 35310

Board of Health, City of Baltimore,

Permit No. 35513

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary. Ann. Archers

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and number} Hillen st 22

Cause of Death { First, (Primary,) — / Second, (Immediate,) Dyphtheria

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 15 th

Undertaker, H. C. Wiedefeld

Place of Business, 70 Gilmor cor

E. J. Coyne M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Raymond Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy one *Years,* ~~Eight~~ 5 *Months,* Twenty four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Iron business

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Greensborough Caroline Co Md.

Duration of Residence in the City of Baltimore, Thirty eight years

Place of Death, {Give street and number.} 228 Franklin Street

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, October 16th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N Gutaw St

J. Clark Slay M. D.
Medical Attendant.

Address 624 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33 81

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betty Green

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 84 S. Durham St

Cause of Death, First, (Primary,) Premature Birth (7 mos

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem'y

Date of Burial, Oct 15th 1879

Undertaker, John Lake

Place of Business, 161 E. Balto St

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

No. 3537

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dennis

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 285 N. Eutaw St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15th 1879

Thos. A. Clemm M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, Conway St

Address, Comm's of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wernwag [M.D.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BAC...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 13-'99

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Nelson

Sex, Male or Female, {Cross out the word not required in this line.} Male Fenny & Emma Nelson

Age, one year *Years,* and 6th *Months,* & three Days *Days.*

Color, Colored Child

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harmony Lane Baltimore Md

Duration of Residence in the City of Baltimore, 1 year & six months

Place of Death, {Give street and number.} N 23 Vincent Street City

Cause of Death, First (Primary,) Inflimation of the lungs

Second (Immediate,) —

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15 1899

Undertaker, William N Dorsey

Place of Business, No 62 East Street

Calvin Black M. D.
Medical Attendant.

Address Lafayette St 608

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Cer... No.

Board of Health, City of Baltimore,

Permit No. 35578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther Short

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, — *Years,* 3 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 97 Jasper av

Cause of Death, {First (Primary,) / Second (Immediate,)} Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 15 1879

Undertaker, William N Dorsey

Place of Business, No 62 East Street

J. A. Gibbs M.D.

Medical Attendant.

Address, 158 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3557[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Sims

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 85 *Years,* —— *Months,* —— *Days.*

Color, colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 720 Lexington St

Cause of Death, First, (Primary,) ——

Second, (Immediate,) old age

Duration of last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, Oct 16th 1878

Thos. A. Steuart M. D.
~~Medical Attendant.~~

Undertaker, Jenkins & Sons

Place of Business, Light St

Address, Comm'o of Health
Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Jas. V. Fitzpatrick M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35520

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Hom~~ Samuel Lupus

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 11 *Months,* ~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number} 29 S Eden St

Cause of Death, First, (Primary,) Dyphtheria

Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Beth Shalom Cemetery

Date of Burial, Oct. 16th 1879

Undertaker, Wm Ehlen

Place of Business, 107 Eutaw St

Horace M Hunt M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 3552 / OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 15. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Green

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 30 *Years,* ..... *Months,* ..... *Days.*

Color, Mulatto

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 401 Eutaw St. Cor Fontlee

Cause of Death, First (Primary,) Large fibroid in uterus – uterine hemorrhage profuse –
Second (Immediate,) Effort to remove tumour – & exhaustion –

Duration of Last Sickness, Disease had existed for years & hemorrhage for months.

All the above information should be furnished by the Physician.

Place of Burial, Harlem Grass

Date of Burial, October 16th 1879

Undertaker, Chas Serivan

Place of Business, 271 N. Eutaw

Wm Carey Thomas M. D.
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 1558

[OVER.]

No. 35

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Not christened (John D. Dennis)

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country, (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 58 Lehring st.

Cause of Death, { First, (Primary,) Immature birth, and died } { Second, (Immediate,) from Inanition }

Duration of last Sickness, Since its birth

All the above information should be furnished by the Physician.

Place of Burial, Bush St. Cemetery

Date of Burial, October 16

R. M. Hall M. D.
Medical Attendant.

Undertaker, Hercules Pose

Place of Business, Mt Clinton St. *Address,* 962 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 355[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stiffe

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 188 S. Caroline St.

Cause of Death, First, (Primary,) Pseudo-membranous Croup

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonsus Cemetery

Date of Burial, October 16th 1879

Undertaker, Leonhard Fritz

Place of Business, S. Bond St. 277

James T. Shaw M. D.
Medical Attendant.

Address, 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 14th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Pugh

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, *Years,* 25 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 5. 5½ E. Lombard

Cause of Death {First, (Primary,) —
Second, (Immediate,) Pneumonia

Duration of last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, October the 16th 1879

Undertaker, H. M. Gilmore

Place of Business, [illegible]

A. Theo. Thurgen M. D.
Medical Attendant.

Address, 11 S. High St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elyza Nickles (5)

Sex, ~~*Male*~~ *or Female,* { cross out the word not required in this line. }

Age, ____ *Years,* 6 *Months,* 13 *Days.*

Color,

~~*Married*~~, *Single,* *Widow or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } D. C

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 128 Fort ave

Cause of Death, { First, (Primary,) Diarhoea

Second, (Immediate,) Spasms —

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Feb 16th

Undertaker, Henry Briels

Place of Business, Hanover St 81

D. H. Ellis M. D.
Medical Attendant.

Address, 345 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Jno M Nelson~~ Oct 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno M Nelson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Medical Student

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number} City Hospital Res 162 Grof

Cause of Death First, (Primary,) Gunshot wound

Second, (Immediate,) Through brain

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Queen Anns County Md

Date of Burial, Oct 16 th

Edmund R Walker M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light st *Address,* Corner

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No. 1559

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 35527

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Rheinhardt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 219 Hanover St

Cause of Death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,)

Duration of last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 17th 1879

H. B. Noble M. D.
Medical Attendant.

Undertaker, John H. Weaver & Co

Place of Business, #22 W. Fayette St *Address,* 17 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

Date of Death, October 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Krebs

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 17 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 192 W Lombard St

Cause of Death { First, (Primary,) ..... Tetanic Spasms
Second, (Immediate,) ..... Only Sick two days before death

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, October 16

Undertaker, E. & T. Tillman

Place of Business, 1 & 2 Penn

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 35529

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Isreal

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 89 *Years,* 8 *Months,* *Days.*

Color, white

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West Indies

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} 113 S. Broadway

Cause of Death, First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 17 1879

Undertaker, Thos S Hughes

Place of Business, 60 E. Balto St

R. D. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Turner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Beltsville, Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 182 Hanover St

Cause of Death, {First, (Primary,) Diphtheria; Second, (Immediate,) Paralysis of entire body 5 minutes

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lot Cemetery

Date of Burial, October 16

Undertaker, Hercules Ross

Place of Business, 95 Conway St

R. M. Hall M. D.
Medical Attendant.

Address, 262 E. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer... No. ...

Board of Health, City of Baltimore,

Permit No. 35531

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octou 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Ayers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Hoeedcurs

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 178 Lemon al bet Fremont & Scott Sts

Cause of Death, First, (Primary.) "

Second, (Immediate.) Chronic Peritonitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, Oct 14, 1879

Undertaker, Fred. A. Kershner

Place of Business, 50 S. Carroll the Ave

C. C. Lee M. D.
~~Medical Attendant.~~ Coroner's Phy.

Address, Hanover Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days.*

Color, C & C — *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 276 Raborg St —

Cause of Death, First (Primary,) Whooping cough —

Second (Immediate,)

Duration of Last Sickness, 2 mos —

All the above information should be furnished by the Physician.

Place of Burial, W. O. Cemetery E. H. Holbrook — M. D.

Date of Burial, Oct 15 1879 Medical Attendant.

Undertaker, Fred'k Kirchner *Address* see below —

Place of Business, 50 S. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

† I did not attend this child's case at all only fill out the above from what is told me!

E. Holt —

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delephene Halle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 3 *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Chesnut 83 Street

Cause of Death, First, (Primary,) Tuberculas Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnel Cemetery

Date of Burial, Oct 16th 1879

E C Baldwin M. D.
Medical Attendant.

Undertaker, Herbert Hyman

Place of Business, 12 Saratoga St, *Address,* 124 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1879

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Frederick

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* 5 *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} 120 Jefferson & Edmondson Ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) —

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Edmondson Ave Cemetery

Date of Burial, Sept 17 / 879

Undertaker, Tom Eilau

Place of Business, 100 Eutaw St.

John B. Arnold M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday, Oct. 15th, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrika Hatter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 58 *Years,* 5 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 48 Years.

Place of Death, {Give street and number} # 60 Harford Avenue

Cause of Death First, (Primary,) Hypertrophy of Heart

Second, (Immediate,) Asphyxia,

Duration of last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 17th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Wilmer Brinton M. D.
Medical Attendant.

Address, 269 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 6

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Thomas

Sex, Male or Female, { cross out the word not required in this line. } F

Age, 46 *Years,* ... *Months,* ... *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } M

Occupation, Wife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 47 yrs

Place of Death, { Give street and number } 290 Eastern Ave SL. SL

Cause of Death, { First, (Primary,) Consumption of Lungs

Second, (Immediate,) ...

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 17

Undertaker, H. Eccles & Bro

Place of Business, 95 Commerce St

L. P. Ellis M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

Date of Death, October 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea Helen Meyers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* Four *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 771, Portland Street

Cause of Death, First (Primary,)

Second (Immediate,) Diphtheritis

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Oct 17th

Undertaker, Wm Blizzard

Place of Business, Penn Ave

Mont Stiner M. D.

Medical Attendant.

Address 319 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 35338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th of October 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } T. C. L. Turner

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 41 *Years,* —— *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, allways.

Place of Death, { Give street and number. } 256 E. Fayette

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 17

Undertaker, Fry & Bro

Place of Business, 34 N Broadway *Address* 92 N Eutaw St

J. Schmitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas White

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 3 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 179 Pau[illegible] St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem[illegible]

Date of Burial, Oct 17th 1879

Thomas B Evans M. D.
Medical Attendant.

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

Address, 22 Jackson Place

Extract from Regulations of the Board of [illegible]lth to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, [illegible] whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sic[illegible]s, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undert[illegible] or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name[illegible], age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cas[illegible] births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3552411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16 - 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } child of Gen. W. Whistler Dy

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ~~Still born~~ no *Years,* no *Months,* no *Days.* 10 minutes

Color, Whit *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 56 Baltin St

Cause of Death, { First (Primary,) ~~Still born~~ Convulsions occuring in the mother

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery S. Co. Chas

Date of Burial, Oct 16 79 *M. D.*

Medical Attendant.

{ *Undertaker,* S.W. Hutchins & Son *Address* 141 Lombard St

{ *Place of Business,* 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35541

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

Date of Death, 16 Oct. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjn F. Seidenstricker.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 93 N. Wolfe St.

Cause of Death, {First (Primary,) Typhoid Fever. Second (Immediate,) Asthenia.

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 17" at 4 PM

Undertaker, Fry & Bro

Place of Business, 64 N Broadway

B. Leonard M. D.
Medical Attendant.

Address 26 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 35342

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

Date of Death, October 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clemens Josef Meier

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, cigar-manufacturer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} No 3 Weber St

Cause of Death, First, (Primary.) abdominal typhus (typhoid fever)

Second, (Immediate,) blood intoxication

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Burying ground

Date of Burial, October 17

Alex Salzer M. D.
Medical Attendant.

Undertaker, B Ware

Place of Business, 411 Light St. *Address,* 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of Th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilia Bub

~~*Sex, Male*~~ *or Female,* {Cross out the words not required in this line.} Female

Age, 4 *Years,* 8 *Months,* —— *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 141 Conway St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,) Granular

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 17 1879

Undertaker, Ernst Schloman

Place of Business, 6 E. Pacca St

Rutherford M. D.

Medical Attendant.

Address 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

Date of Death, October 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Riggs

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} 125 Fork St

Cause of Death First, (Primary,) Scrofula

Second, (Immediate,) Eclampsia.

Duration of last Sickness, about 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, October 17

Undertaker, Kreuter & Boss

Place of Business, 96 Howard St

J. F. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 26

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Dunn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 58 Chiness St

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, October 17

Undertaker, Hercules Ross

Place of Business, 95 Dorman St

R. M. Hall M. D.
Medical Attendant.

Address, 202 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

Date of Death, October 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Master Arnold

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* One *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 1682 Jefferson St

Cause of Death, First, (Primary,) Cholera Infantum Intermittent Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 17th 1879

Joseph M. Byers *M. D.*
Medical Attendant.

Undertaker, Theodore J. Locke

Place of Business, 78 Jefferson St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

Date of Death, Octr. 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan T. Lee

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 57 *Years,* 4 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, 65 Years

Place of Death, {Give street and number} 317 Argyle Ave.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) " "

Duration of last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 17

Undertaker, E H Blizzard

Place of Business, 177 Redwood

[illegible] M. D.
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35548

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hy. Redman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, Transient

Place of Death, {Give street and number} on the Washington Road near Stockholm St.

Cause of Death, First, (Primary,) Accident

Second, (Immediate,) Internal Hemorrhage

Duration of last Sickness, 1 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, Oct 18th 1879

R. C. Lee M. D.
~~Medical Attendant~~ Coroner 3 D.

Undertaker, John Thacher

Place of Business, No 150 Camden *Address,* Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

Date of Death, 15th October 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Mit. Kelly

Sex, Male or Female, {cross out the word not required in this line.}

Age, Fifty three (53) *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Keeping House with her Son

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, about 52 Years.

Place of Death, {Give street and number} No 467, E. Chase St.

Cause of Death, First, (Primary,) Cancer.

Second, (Immediate,) Cancer of the Uterus.

Duration of last Sickness, about One Year.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Oct 17th 1879

W. C. Dean Bibbins M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay *Address,* 44 Frankfort

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Killman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Port Deposit

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balto Md. 140 N Fremont

Cause of Death, First (Primary,) Phthisis Pulmonalis,

Second (Immediate,)

Duration of Last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Port Deposit

Date of Burial, 17th Oct

Jno S Fulk's M. D.
Medical Attendant.

Undertaker, J I Thacher *Address* 134 Pearl & Balto

Place of Business, 150 Camden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Specially Dr J A S.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy B. White

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 24 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Seafaring Man

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore One Week

Place of Death, {Give street and number} No. 212 S. Bond St.

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Peritonitis

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Pine Ann Somerset County

Date of Burial, Oct 19th

Undertaker, H. Frochlich

Place of Business, 246 Eastern Av

W. Gatch M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Laws 1867

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, tober 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } L. Federer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, about 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 Year

Place of Death, { Give street and number. } Hebrew Hospital

Cause of Death, First (Primary,) Insufficiency Val Mitralis

Second (Immediate,) Dropsy

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Heb Shalam Cemetery J. M. Selig M. D.

Date of Burial, October 19th 1879 Visiting Physician Hebrew Hospital

Undertaker, Wm. Eilau Address S.E. Cor Eager & Carlin's

Place of Business, 101 Gough St Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 1879 October

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Hamilton Robson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 13 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Non

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} No 181 York Lo

Cause of Death, {First (Primary,) Inflammation of the Bladder

Second (Immediate,) Cistitis Dyetitis

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 17 1879

Undertaker, D M Clagett

Place of Business, No 195 Hanover

Thornett *M. D.*

Medical Attendant.

Address, No 36 Lewis Co

Baltimore City Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully

Board of He

Permit No. 35537

The Physician who attended any person in s
out, to the Undertaker or other person superinten
sooner, if requested so to do, under penalty of la

No Permit for Burial c

CERTIF

Date of Death,

Full Name of Deceased, { Write legibly and s correctly. If an In not named, give na of parents.

Sex, Male or Female, { cross out the word not required in this line. }

Age, _____ *Years,*

Color,

Married, Single, Widow or Widower, { Cr re

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of B

Place of Death, { Give street and number }

Cause of Death, { First, (Primary.) / Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished

Place of Burial, Balto Cem

Date of Burial, Oct 17

Undertaker, John Ha

Place of Business, 382 Or

Extract from Regulations of Vital

Section 2. And be it further enacted an duty of the Physician who attended during hi furnish within forty-eight hours after the deat ting forth as far as the same can be ascertained son deceased, and the cause and date of death

Wm. J. C. Dulany & Co. City Printers and Stationers.

No.

Certificate of Death

(To be Retained by Physician)

Date of Death, October 16, 1879

#35534

Name of Deceased, Mrs Sarah Metz

Sex, ~~Male~~ or Female, Female

Age, Nineteen Years Three Months 12 Days

Color, White

Occupation, Married Woman

Birthplace, Hartford, Conn.

Duration of Residence in B.C. Thirteen Months

Place of Death, No. 338 Orleans St

Cause of Death, First, (Primary), Typic Malarial Fever

Second, (Immediate),

Duration of Last Sickness, One week

REMARKS.

This was a very rapid case the attendance commenced from the beginning

Balto Cem & Henry

Wm H Clendinen

No 102 N Bur a Way

The Special Attention of Physicians is Respectfully

Board of He[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} _____

Sex, Male or Female, {cross out the word not required in this line.} _____

Age, _____ *Years*, _____ *Months*, _____ *Days.*

Color, _____

Married, Single, Widow or Widower, {Cross out the word not required in this line.} _____

Occupation, _____

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} _____

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give street and number} _____

Cause of Death, First, (Primary.) _____

Second, (Immediate.) _____

Duration of last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 17 1879

Undertaker, John Hennessy

Place of Business, 382 Orleans St

_____ *M. D.*
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

Date of Death, 17th Oct. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Travers

Sex, Male or Female, {cross out the word not required in this line.} male

Age, Thirty Three (33) *Years,* Eight Months (8) *Months,* Sixteen (16) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, No.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} St Vincents Hospital Between Fayette & Franklin

Cause of Death, First, (Primary.) [illegible]

Second, (Immediate.) Stone in bowels

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 18th Oct. 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St. *Address,* 108 Park Ave Balto

L. McGuldrow M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Jackson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 166 N. Spring St.

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary E. B Fenby M. D.

Medical Attendant.

Date of Burial, Oct. 17th

Undertaker, Charles A. Mile Address 319 N. Central Ave

Place of Business, 1035 Gay City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Mayers

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 11 & hours *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 3 Balder St

Duration of Residence in the City of Baltimore, One Day & 6 hrs

Place of Death, {Give street and number} No 3 Balder St

Cause of Death, First, (Primary.) Prematurity

Second, (Immediate,) (Want of proper development, Miscarriage)

Duration of last Sickness, ____ causes. Over exertion in going up & down stairs

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Oct 17th 1879

Undertaker, Wm E Ecklesworth

Place of Business, 341 Pennsa Ave

William Tickey M. D.
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. E. Warfield,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 5 *Years,* 1 *Months,* 21 *Days*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City,

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} E. Bayne St.

Cause of Death, First (Primary,) Diphtheria,

Second (Immediate,)

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Oct 18th "

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

John L. A. Wright M.D.
Medical Attendant.

Address, City, "

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cecelia Anns Hogan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 2 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 4 Mercer St.

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Asthenia

Duration of last Sickness, 81 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Oct 18 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front St

A. E. Stein M. D.
Medical Attendant.

Address, 195 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 Oct 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Nicholson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} 30 Cross St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 1 yr. 3 mts

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 19th 1879

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

R. H. Ellis M. D.
Medical Attendant.

Address, 315 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose McClelland

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Chester St. between Madison & Chew

Cause of Death, First, (Primary,)

Second, (Immediate,) Eclampsia

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 18 1879

Undertaker, A. J. McClelland

Place of Business,

James A Steuart M. D.
Medical Attendant

Address, Comm of Healt
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Kelly

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 3 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 14 Hollen

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheria

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, October 19. 1879

H. W. Wardlaw M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, Cor Light & Montgomery *Address,* 67 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 9 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Seibert

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 56 *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 350 Eastern Ave.

Cause of Death, First, (Primary,) Dementia

Second, (Immediate,) Inanition

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Oct 20th

Chas F. McShane M. D.
Medical Attendant.

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av. *Address,* 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Sauder

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* 10 *Months,* 18 *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Glassblower

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany — 29 years.

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 17 Stockholm

Cause of Death, First, (Primary:) Phthisis

Second, (Immediate,)

Duration of last Sickness, Unknown.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem'y

Date of Burial, Oct 18th 79

S. Ludwig M. D.
Medical Attendant.

Undertaker, S. Hearle

Place of Business, 411 Light St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct - 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary King

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 7 Pleasant Alley

Cause of Death, First (Primary,)

Second (Immediate,) Scarlatina (Anginosa)

Duration of Last Sickness, 10 days -

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem. C. T. C (at C

Date of Burial, Oct. 18th 1879

M. D.
Medical Attendant.

{*Undertaker,* Wm. Prance *Address* 235 Eutaw St
{*Place of Business,* No. 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Everett Henry Nied

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, One *Years,* One *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 114 North Central Avenue

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 114 North Central Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheritis

Duration of last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Milton A. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October, 18th 1879 — 3 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bonnwell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Soldier~~ Soldier U.S. Army

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number} 29 N. Frederick St.

Cause of Death { First, (Primary,) Chronic jaundice
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

A. J. Chantzer M. D.
Medical Attendant.

Address, 11 S. Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th. October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Figs

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 Years, Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number} Spruce Alley Ward 2

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cem

Date of Burial, 19th of Oct 1879

William Howe M. D.
Medical Attendant.

Undertaker, John Brown

Place of Business, No 997 S Dur[illegible]

Address, S. Wolfe & 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 35569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jennie Mitchell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 Years, 3 Months, — Days.

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 19 Elbow Lane

Cause of Death { First, (Primary,) Diphtheria / Second, (Immediate,) Diphtheria

Duration of last Sickness, days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 19

Undertaker, Hercules Ross

Place of Business, 95 Conway St

A. McSherry M. D.
Medical Attendant.

Address, 335 W

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Nettie E. Bonsby

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 15 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 12 Eduhall St

Cause of Death First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 19

Undertaker, Hercules Boss

Place of Business, W Conway St

Received Payment M. D.

Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Dorsey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Cook

Occupation, Caroline Co.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} abt 30 yr.

Duration of Residence in the City of Baltimore, 23 Philpot Aly

Place of Death, {Give street and number} Paralysis

Cause of Death {First, (Primary,) Second, (Immediate,)} abt 1 week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Evergreen Cemetary

Date of Burial, Oct 19. 1879

Geo L Kinnemon M. D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, 36 Granby st *Address,* 73 E Fait st

OCT 18 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of thi[illegible]

Board of Health, City of Baltimore,

Permit No. 35574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 17th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } C. Mason Colvert

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 1 *Months,* 27 *Days.*

Color, Mulatto

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Paisley Scotland Balt City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 4 Tomlinson alley rear of Gilmor St.

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 18th 1879

G. W. Annis M. D.
Medical Attendant.

Undertaker, John C. Condon

Place of Business, No 63 Lexington St

Address, Co Stricker & Pearlman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 35573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susie Davis

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 9 N. Castle Street

Cause of Death, { First, (Primary,) Pertussis / Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 19th 1879

Thos H Sloan M. D.

~~Undertaker~~ Attendant

Undertaker, W. W. Macleod

Place of Business, 280 Chew St

Address, Comm'r of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 35574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the patient, or sooner, if requested so to do, under penalty of law. # 35574

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Oct. 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Herzog

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 33 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} No. 90 Franklin St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) about the year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, Oct 20

Undertaker, H. Bauernschmidt

Place of Business, 45 Eloyd St.

Medical Attendant

Address, 1 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Ent Clem

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One (1) *Years,* Three (3) *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 11 E Lexington St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) .....

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Oct 19th 1879

..... M. D.
Medical Attendant.

Undertaker, Wm J. Tilden

Place of Business, 65 S. Eutaw

Address, 133 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Olivia Turner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 37 Years, 2 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt:

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 34 Pleasant St

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) "

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 20th Oct. 1879

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light st.

E. Donaldson M. D.
Medical Attendant.

Address, 108 Park Ave

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1879

HEALTH DEPARTMENT OCT 18 1879 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nadine L. V. Prevost

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Guadaloupe, West Indies

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 50 N. Stricker St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) "

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Oct 20 1879

Undertaker, Wm Jenkins & Son

Place of Business, 16 Light St

A. Schneider M. D.
Medical Attendant.

Address, 431 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 1879 BALTIMORE

Date of Death, Octob 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert F Moore

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* 13 *Days.*

Color, W. & C.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 30 Williams st

Cause of Death { First, (Primary,) Colera Infantum
Second, (Immediate,) Atrophy,

Duration of last Sickness, about 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Oct 19 1879

Undertaker, C F. Krause

Place of Business, 204 Hanover

Sim E Eutaline M. D.
Medical Attendant,

Address, 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 9 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Galli

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, One four *Years,* One *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 165 Granby St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Oct 19th 1879

D W Cathell M. D.
Medical Attendant.

Undertaker, John Sare

Place of Business, 161 E Balto St *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 9 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda Johnson

Sex, ~~Male~~ / *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 5 months –

Place of Death, {Give street and number.} Parish alley near Pattersonave

Cause of Death, First (Primary,) Pyoramia Abscess

Second (Immediate,) Diarrhoea - Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 19 - 1879

Undertaker, Samuel H Chase

Place of Business, 198 South Howard St

J Harvey Snie M. D.
Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 35381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bricknel

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since life

Place of Death, {Give street and number} 324 Paca

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Oct 20 1879

Undertaker, P. Kennedy

Place of Business, Medical

E. J. Keller M. D.
Medical Attendant.

Address, 89 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie H Williams

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 *Years,* — *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 99 East St

Cause of Death, { First, (Primary,) Marasmus &c

Second, (Immediate,)

Duration of last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 20th 1879

D W Cathell M. D.
Medical Attendant.

Undertaker, Abraham Wagner

Place of Business, 13 Saratoga St *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 20. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 18. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Morley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 40 York Avenue

Cause of Death First, (Primary,)

Second, (Immediate,) Tuberculas Meningitis

Duration of last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery.

Date of Burial, October 20

Newton Booth M. D.
Medical Attendant.

Undertaker, B. H. Carley

Place of Business, 411 Light St. *Address,* 1146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS...

Permit No. 33382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H Watson Jr

~~Sex~~, *Male* ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* 2 Wks 2 *Days*

Color, White

~~Married~~, *Single,* ~~Widow or~~ ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 234 East Monument St

Cause of Death, First (Primary,) .....

Second (Immediate,) Marasmus

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Oct 21st

Undertaker, Geo Schilling

Place of Business, Fish and Sycamore

H. T. Reynolds M.D.

Medical Attendant.

Address, 186 Aliquot St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac H Norris

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* 9 *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 1 N 15th & Pratt

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 5 or 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 20th 1879

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

J K Ridgway MD

Medical Attendant.

Address, No 20 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 35586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Ruhl

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth till death

Place of Death, {Give street and number.} 60 S. Appleton Street.

Cause of Death, {First (Primary,) Dysentery

Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 20th 1879

Undertaker, J. B. Cook

Place of Business, 47 Balto St

Wm H. Grim M. D.
Medical Attendant.

Address 185 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Pa...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Octo 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Hyser

Sex, Male or Female, {cross out the word not required in this line.} Mald

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 133 E. Eager St.

Cause of Death First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) Blood Poison Asthma

Duration of last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 26 1879

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Wilmer Brinton M. D.
Medical Attendant.

Address, 269 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to Case of Diseases on Pa

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday Oct 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Elizabeth Hyser

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 133 E. Eager St

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Asthmia

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Oct 20 1879

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Wilmer Bointon M. D.
Medical Attendant.

Address, 269 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 35589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 20

Date of Death, 10m after 12 Midnight - or 37m before 1 a. m. 19th Oct. 79.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susie Webster Stinchcomb

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* Six *Months,* Nine *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 662 N. Lombard St, Baltimore Maryland.

Duration of Residence in the City of Baltimore, 5 years six months & nine days

Place of Death, {Give street and number.} 662 N. Lombard St, Baltimore City, Maryland.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, about five days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Oct 20 1879

Undertaker, Jas E. Loane

Place of Business, Fremont & Balto Sts

Wm. L. Wood M. D.
Medical Attendant.

Address 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to those on the back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 20 1879

CERTIFICATE OF DEATH.

Date of Death, Oct 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Martin Dolker.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 53 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number} Washington Road

Cause of Death {First, (Primary,) Dysentery

Second, (Immediate,) Haemorrhage from bowels

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetry

Date of Burial, October 20th 1879

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

W. H. Engelken M. D.
Medical Attendant.

Address, W. Mt. Lafayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 20 1879

CERTIFICATE OF DEATH.

Date of Death, October 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Fenby

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bay View

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1092 Fountain st

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Shocks to Burying Ground

Date of Burial, October 21

Undertaker, Lynch & Lewis

Place of Business, [illegible]

J V Shutt M. D.
Medical Attendant.

Address, 200 South Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 20 1879

CERTIFICATE OF DEATH.

Date of Death, Octo 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Stitz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wood Sawyer

Birthplace, {State or country, and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 16 Clement St

Cause of Death, First, (Primary.) Believed to be Rheumatism of Heart

Second, (Immediate.) Suddenly

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 21

R. C. Lee M. D.
Medical Attendant.

Undertaker, John Conway

Place of Business, 422 Eutaw St

Address, Conn S.D. Warren Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 19. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Vogelsang

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 5 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 207 Chesnut Alley

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Inflammation of Lungs & Pleurisy

Duration of last Sickness, Inflammation = Attendance was 1 day

All the above information should be furnished by the Physician.

Place of Burial, Bal Co Cemetery

Date of Burial, Oct 20 1879

Undertaker, John R. Kohlhepp

Place of Business, 308 Franklin

Martin Brewer M. D.
Medical Attendant.

Address, 608 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 35394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th 19th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm S. Beatty

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 3y

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) ..... Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, Oct 20 1879

Undertaker, Fred A Kerchner

Place of Business, S. Carroll Ave

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie J. Neely

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 611 N Bond

Cause of Death {First, (Primary,) Spinal Disease

Second, (Immediate,) Inflammation of brain of Spinal

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 22nd

Undertaker, Geo Schilling

Place of Business, 45 Ashland Square

Geo H. Wagner M. D.
Medical Attendant.

Address, 18 Eighth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 35596

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 20 1879 BALTIMORE

Date of Death, October 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Sanders & Edw'd Sanders

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Parents

Age, ~~~ *Years,* ~~~ *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 53 Williamson alley between Charles & Hanover Sts

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemet

Date of Burial, Oct 20 1879

Undertaker, F. A. Kershner

Place of Business, Carroll Av & R

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wellman

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1879

CERTIFICATE OF DEATH.

Date of Death, October 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Eckman

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1st Burgundy alley

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 20th 1879

James A Steuart M. D.

Medical Attendant.

Undertaker, F. J. Wannuth

Place of Business, Saratoga St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd by E Wenman

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 19. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ambrose

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* about 4 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maternité Hospital

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Spasms

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Mount

Date of Burial, Oct 21, 1879

Chas. Brown M. D.
Medical Attendant.

Undertaker, Chas Brown

Place of Business, 152 Division St *Address,* 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35599

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT OCT 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 October 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* about 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S / W

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 5 days

Place of Death, { Give street and number } St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 21. 1879

Martin F. Brown M. D.
Medical Attendant.

Undertaker, David Bowser

Place of Business, 156 Division St. *Address,* 61 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20 / 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Stolen

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ——— *Years,* One *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } S. W. Cor Gilmor & Lanvale Sts

Cause of Death, { First, (Primary,) Whooping-Cough

{ Second, (Immediate,) "

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, October 21st 1879.

Undertaker, Jno. Waidenmeyer

Place of Business, 518 W. Baltimore

Thomas Opie M. D.
Medical Attendant.

Address, 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Judith Kidd

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 65 ~~yr~~ *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland 27 Years

Duration of Residence in the City of Baltimore, 183 Constitution St

Place of Death, {Give street and number.} Rheumatism Chronic

Cause of Death, First (Primary,) Gastritis Acute Chronic

Second (Immediate,) 6 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 24th 1879

Undertaker, C. T. Scriven

Place of Business, 271 Eutaw St

Thos. S. Latimer M.D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 21 1879
IMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Parker.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Weaver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 46 yeares

Place of Death, {Give street and number.} 264 Franklin st.

Cause of Death, First (Primary,) Disease of the Heart

Second (Immediate,) " " " "

Duration of Last Sickness, Confined to bed two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 21st 1879

Undertaker, C. T. Scriven

Place of Business, 271 Eutaw.

John S Pennington M. D.
Medical Attendant.

Address 98 N Greene st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special attention of Physicians is respectfully invited to this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 21 1879 IMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 19th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dyer F Burnham

Sex, Male or Female, {cross out the word not required in this line.}

Age, but 30 & 10 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} not known

Duration of Residence in the City of Baltimore, 3 Months.

Place of Death, {Give street and number} 60 Eutaw st,

Cause of Death {First, (Primary,) not known. found dead in bed.

Second, (Immediate,)

Duration of last Sickness, had been complaining for two days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Oct 22nd 1879

Geo C Ogle Comm, M. D.
Medical Attendant,

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 21 1879 IMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Evelyn Grey

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X X

Occupation, X X X

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Co

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 621 S. Essex St

Cause of Death { First, (Primary,) Catarrh & Fever

Second, (Immediate,)

Duration of last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 21st

James E. Donnelly M. D.
Medical Attendant.

Undertaker, Mr Hunter

Place of Business, 35 Bank St, *Address,* 299 E. Baltimore St.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Specia... ...ians is respectfully invited to the remarks below, and to those on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cassie Standford

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ... *Years,* Seven *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number } No 182 Warner Street

Cause of Death { First, (Primary,) Tuberculas Meningitis
Second, (Immediate,) Convulsions

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 21/79

Undertaker, Jacob Davis

Place of Business, 163 Lee St

L. C. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct 19. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralph William Harris

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, Thirty nine *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boatman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Talbot Co. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Chas Ames's Boat on the Wolfe

Cause of Death, {First (Primary,) Drowning.

{Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Talbot Co Md

Date of Burial, Oct 21 1879

Undertaker, — Friends on Boat

Place of Business, That he Commanded

And from which he was Drowned

D. C. Ireland M. D.
Medical Attendant.

Comr. Ct.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 21 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Oct 19th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Brooks.

Sex, Male or Female, {cross out the word not required in this line.} M.

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number} 198 S. Dallas

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Oct 21 1879

Undertaker, Charles A White

Place of Business, 35 Granby St

F. L. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 18 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Johnson

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 74 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, 12 Yrs

Place of Death, { Give street and number. } 98 Sterling St

Cause of Death, { First (Primary,) Exhaustion

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 21st 1879

Undertaker, Theodore F. Locks

Place of Business, 72 E Pratt

Hall Pudge M. D.
Medical Attendant.

Address 157 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas W. Rogers

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~ Years, 5 Months, ~~ Days

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3 Federal Street

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 21 1879

Geo F. Cordell M.D.
Medical Attendant.

Undertaker, W. H. Steckman

Place of Business, N. Gay st. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Ann Luginland

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 124 Saratoga

Cause of Death First, (Primary,) Chronic Bronchitis

Second, (Immediate,) asthenia

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Oct 22 nd 1879

Undertaker, Joseph F Bourne

Place of Business, 59 n Liberty

F E Chatard M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35611

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 21 1879 BALTIMORE

Date of Death, Oct. 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Murph

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 3/12 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give street and number} 92 Hanover

Cause of Death, {First, (Primary,) Second, (Immediate,)} Scarlatina Maligna

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 22 October.

Undertaker, B. Harle

Place of Business, 411 Light St.

B & P Ellis ..... *M. D.*
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 21 1879 BALTIMORE

Date of Death, Oct 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Albert Devoy (Twins) (Parents

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~_____~~ *Years,* ~~_____~~ *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cor Spring St & Eastern Ave

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Oct 21 "1879

James A Steuart M. D.

~~Medical Attendant.~~

Undertaker, Henry Sander

Place of Business, 258 Canton Ave

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by E. Wenmark

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Albert Dewey (Twins) (Parents

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cor Spring st & Eastern Ave

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Exhaustion

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetry

Date of Burial, Oct 21st 1879

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, Henry Sander

Place of Business, 2 S. Carlton ave

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman (OVER)

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Townsend

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 70 *Years,* 10 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 396 Mulberry St.

Cause of Death First, (Primary,) Acute Inflam of Brain

Second, (Immediate,) Effusion

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 22

Undertaker, J B Crook

Place of Business, 707 West Baltimore *Address,* 558 W. Lafayette St.

John Veth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35615

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jr. Kifner

~~*Sex,*~~ *Male* ~~*or Female,*~~ {cross out the word not required in this line.}

Age, One *Years,* 10 *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 56 S. Durham.

Cause of Death First, (Primary,) Encephelitis

Second, (Immediate,) Hydrocephalus, Eclampsia,

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, S. Wilson's Land.

Date of Burial, Oct Oct 23

Undertaker, Wendelken Dysart

Place of Business, Bond St. *Address,* 245 S. Wilmot

F. Mathis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Notice on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 '79

CERTIFICATE OF DEATH.

Date of Death, Oct 21 - 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E Ketchamer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~~~ *Years,* one *Months,* ~~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md. Since birth

Duration of Residence in the City of Baltimore, 15 E Hanford Ave

Place of Death, {Give street and number} Marasmus

Cause of Death { First, (Primary,) Asthenia
Second, (Immediate,) 2 weeks

Duration of last Sickness, Premature Birth - 7 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 22 1879

Undertaker, D W Zurhorst

Place of Business, 12 W Balto St

Jno. J. Tiers, M. D.
Medical Attendant.

Address, 76 Edmondson Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1879 IMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wells A Hall

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 55 *Years,* 7 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Coach Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 58 E Monument

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Oct 25 1879

Undertaker, H Rigor

Place of Business, 63 S Eutaw

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Capt A C Smyth

CINCINNATI, O. OCT 20 187 5

The Records of This Institution
Show, that Mr Wells Wood
was readmitted to this Hospital
July 29-1875 Suffering from
"Phthisis Pulmonalis" and
was discharged Oct 16-1875.
"Worse"

H. M. Jones
Surg

OCT 22 1875

#35617

See following certificate

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 22 '79

Date of Death, October 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Amelia Schmuff

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* 3 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give street and number.} 3 N. Wolfe St.

Cause of Death, First (Primary,) Gastritis

Second (Immediate,) Asthenia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician

Place of Burial, Mountcarmel Cemetery

Date of Burial, Oct 22d.

Albert B. Lyman M. D.
Medical Attendant.

Undertaker, John Henrici

Place of Business, 382 Orleans St. *Address* 375 E. Baltimore St. Balto - Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35619

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Danl Wohlgemuth

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Dealer in Horse feed

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give street and number} 369 Orleans St.

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Hebron Cemetery

Date of Burial, Oct 23 d.

C. D. Mansfield M. D.
Medical Attendant.

Undertaker, John Hervey

Place of Business, 382 Orleans St. *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Stewart

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 36 *Years,* — *Months,* — *Days*

Color, colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Cecil County

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 100 Orchard St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, Oct 22 1879

{*Undertaker,* Abraham Grayman

Place of Business, 13 Saratoga St

J. W. Creeth M.D.

Medical Attendant.

Address, 36 Dorsey St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Rules and Regulations on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 79 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 138 Sterling St

Cause of Death First, (Primary,) Valvular disease of heart

Second, (Immediate,) Dropsy general

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Emergency

Date of Burial, Oct 22 1879

Undertaker, Williams & Sage

Place of Business, 62 East st

Wm Whitridge M. D.
Medical Attendant.

Address, ...

HEALTH DEPARTMENT OCT 22 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Fenski

Sex, Male or Female, {cross out the word not required in this line.} Female

Age Fifty five (55) *Years,* Five (5) *Months,* Ten (10) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ~ "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany Nine (9) years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N E Cor Fleur & Dallas Streets

Cause of Death First, (Primary,) Brights Disease

Second, (Immediate,) Uremia Total Suppression of urine

Duration of last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, October 23rd 1879

Undertaker, George Feinhold

Place of Business, 384 N. Front St

J. W. Flown M. D.
Medical Attendant,

Address, Cor Fayette & Carlin Streets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joanna Shubkagel

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, { Give street and number. } 451 N Fremont Street

Cause of Death, { First (Primary,) ... Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 22d 1879

Undertaker, Chas T Scriven *Address* 59 S Sharp St

Place of Business, 2 N Eutaw St

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arnold Mixter Schneider

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany 2 8/12 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 421 Eastern Ave.

Cause of Death, First, (Primary) Intussusception

Second, (Immediate)

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, October 23rd 1879

Undertaker, H. M. Gilmore

Place of Business, [illegible]

M. D.
Medical Attendant.

Address, 2111 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35625

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emile Hubert

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 450 Canton Ave.

Cause of Death, First, (Primary,) Gastro-Enteritis

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, L. Faubin's Cemetery

Date of Burial, October 22d 1879.

James F. Bram M. D.
Medical Attendant.

Undertaker, Leonhard Weis

Place of Business, S. Baud 8th & 27th

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OT 48.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35626

The Physician who attended any person in a fatal illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian A Neuffer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Sixty Six *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Accountant

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} No 282 N. Gilmor St

Cause of Death, {First (Primary,) / Second (Immediate,)} Malarial Fever

Duration of Last Sickness, About 8 days

All the above information should be furnished by the Physician

Place of Burial, Gaudy Park

Date of Burial, Oct 23 1879

Undertaker, Jas H. Young

Place of Business, 60 Balto & Fremont Sts

James Annan M. D.
Medical Attendant.

Address No 145 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Lovell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 181 Lee St

Cause of Death {First, (Primary,) } {Second, (Immediate,)} Diptheria

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, Oct 24

Undertaker, J B Cook

Place of Business, 707 W Balto St *address,* 146 Hanover St

Newton Cook M. D.
Medical Attendant.

HEALTH DEPARTMENT OCT 22 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1563

The Special ... of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35628.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schroeder

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 7 *Years,* 6 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Town Street 47

Cause of Death, First (Primary,) Diphtheritis

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cimetery

Date of Burial, 23 October 1879

Undertaker, Henry Brice

Place of Business, Hennetta St 81

H. J. Reinhard M.D.
Medical Attendant.

Address, 224 W Fayette Street.

HEALTH DEPT. OCT 22 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie E. Abell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 68. Guy St

Cause of Death First, (Primary,) Whooping Cough

Second, (Immediate,) ~~Fever~~ Pneumonia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 23 October

Undertaker, Chas. Schlosser

Place of Business, 6 Little Paca

Attended by Woodward Cordell M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35630

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Elwood

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 7 *Years,* 4 *Months,* ____ *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 41 Peach alley

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 49 Monument

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 23

Undertaker, Hercules Ross

Place of Business, 95 Donnay St

J. J. Shultz M. D.
Medical Attendant.

Address, 260 South E. [illegible] Ave
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Warfield Owen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* ——— *Days,*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 305 South Eutaw St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 49 Monument St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 23

Undertaker, Hercules Ross

Place of Business, 14 North Gay St *Address,* 260 South Eutaw St

J J Shultz *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 21/99

HEALTH DEPARTMENT OCT 1899 BALTIMORE.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Anderson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} 52 Hillman 2h

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup.

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 22d

David P. Mudd M. D.
Medical Attendant.

Undertaker, H. C. Middefell

Place of Business, 90 Gruntmount Ave *Address,* 137 N. Eutaw 2h

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Bailey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 44 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 16 S. Broadway

Cause of Death { First, (Primary,) Apoplexy - from Alcoholism
Second, (Immediate,)

Duration of last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Oct 23rd 1879

James E. Donnelly M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway *Address,* 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalind Blake

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Two *Years,* 1 One *Months,* *Days.*

Color, Light Copper

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 54 Sarah st

Duration of Residence in the City of Baltimore, Two years & 1 month

Place of Death, {Give street and number} No 54 Sarah st

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Gastric Fever

Duration of last Sickness, Three Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Oct 22d 1879

B Fitzhugh M. D.
Medical Attendant.

Undertaker, J G Linder

Place of Business, 53 Park Ave *Address,* Cor Dolphin & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Judah Haas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* ~~Months,~~ ~~Days.~~

Color, ~~White~~

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 234 N. Eden. St

Cause of Death, {First (Primary.) Old age

{Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, Oct 23 1879

Undertaker, Emanuel Silan

Place of Business, 101 Gough St

A. Aronsohn M.D.
Medical Attendant.

Address 254 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 22 1879 BALTIMORE

Date of Death, Oct 21/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lora C. Flock

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 95 Somerset n

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) D. Croup

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Govans Town Balto Co

Date of Burial. October 23 1879

Undertaker, Jno. Flock

Place of Business, 309 N. Central Av

F. A. Warner M. D.
Medical Attendant.

Address, 256 N Eden n

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Miller

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 69. Hillen St

Cause of Death, First (Primary,) Pertussis et Pneumonitis

Second (Immediate,) Convulsions " Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Oct 23, 1879

Undertaker, Henry Hoeke

Place of Business, 309 Central Ave

Sam J Belt M.D.

Medical Attendant.

Address, # 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Clancy

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 97 York St

Cause of Death { First, (Primary,) / Second, (Immediate,) Puerperal Fever

Duration of last Sickness, 33 hours

All the above information should be furnished by the Physician.

Place of Burial, St Lukes Ground

Date of Burial, Oct 24 79

Undertaker, Geo. [illegible]

Place of Business, [illegible]

Sheridan Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

Date of Death, Oct 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stewart

Sex, Male or Female, {cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester County Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} No 95 N Durham St

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Burial Ground

Date of Burial, Oct 23. 79

Undertaker, Charles A White

Place of Business, 95 Granby St *Address,* Broadway & Madison St

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22nd 79.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Lusing

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 56 *Years,* 4 *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, { Give street and number } 144 Gollin Ln.

Cause of Death, { First, (Primary,) Enterocolitis. Second, (Immediate,) Peritonitis

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Oct 24th 1879

Louis L Hon M. D.
Medical Attendant.

Undertaker, Geo B Cook

Place of Business, No 707 W Baltimore street *Address,* 22 Mulberry.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35641

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene H. Hemmick

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 104 E. Third St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) 12 hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Oct 23d 1879

Edward Pendrick M. D.
Medical Attendant.

Undertaker, Henry K. Mears

Place of Business, 415 N. Gay St *Address,* 157 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Pfister

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 266 S. Charles St.

Cause of Death First, (Primary,) Fall on his head

Second, (Immediate,) Fracture of the Skull

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Oct. 25 "

Theodore Lord M. D.
Medical Attendant.

Undertaker, B. Early

Place of Business, 411 Light St. *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35643.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sarah Baxter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Eighty Two *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number} No. 289 E. Monument St.

Cause of Death {First, (Primary,) — Second, (Immediate,)} old age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Oct 25th 1879 Wm H Landrum M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 655 Broadway *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Trans 1566

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35 6 4 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 23 1879

CERTIFICATE OF DEATH.

Date of Death, Oct. 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Carter

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Hostler

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 188 Stirling St. at Stable 2d door from Eager St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) 1 year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pebble Cemetery

Date of Burial, Oct 23 1879

Undertaker, Patk Mullin

Place of Business, P. Park ave

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 186 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22nd October

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hunt.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Five and 2 days *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, During her life.

Place of Death, {Give street and number.} S. E. Cor. Schroeder & George Sts.

Cause of Death, First (Primary,) Diphtheria, with extension of membrane into larynx.

Second (Immediate,) Exhaustion of the vital powers.

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 24th

Charles J. Grier, *M. D.*
Medical Attendant.

Undertaker, John E. Keough

Place of Business, 319 S. Eutaw

Address. No. 20 W. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23d '79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Weidl

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 8 *Years,* 4 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 8 yrs 4 months

Place of Death, {Give street and number.} 277 N Durham St

Cause of Death, {First (Primary,) General Dropsy

Second (Immediate,) ———

Duration of Last Sickness, Three hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 24 '79

Undertaker, John Hennig.

Place of Business, 382 Orleans St

D. C. Jordan M.D.
Medical Attendant.

Address, 220 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33647

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. M. May

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — 1 — *Years,* — 11 — *Months,* 20 *Days.*

Color, White

~~*Married, Single, Widower or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 298 Alicanna St

Cause of Death, First, (Primary,) Pseudo Membranous Croup

Second, (Immediate,)

Duration of last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Oct 23d

Undertaker, H. Fechtig

Place of Business, 246 Eastern Av

Thomas D. Evans, M. D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hennie R. Bowen

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 2 *Years,* 4 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Female

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md. Penitentiary

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Penitentiary

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, October 22

Undertaker, Patrick Mullin

Place of Business,

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Father unknown Mother Cora Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* 0 da 30 hrs *D.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, 30 hrs

Place of Death, {Give street and number} Maternity 163 W Lombard St

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, For the use

Date of Burial, Maternity

Undertaker,

Place of Business,

J H Branham M. D.
Medical Attendant.

Address, 163 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Estella Swann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} ~~Female~~

Age, 8 *Years,* 8 *Months,* 15 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 St Peter St.

Cause of Death, {First (Primary,) Diptheria / Second (Immediate,)}

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Western Cem

Date of Burial, Oct. 24 Fr 1879

H. W. Webber *M. D.*
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts

Address 320 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Sauter

Sex, Male or ~~Female~~, {cross out the word not required in this line.} ~

Age, 22 *Years,* ~ *Months,* ~ *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 4 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 328 S. Charles St

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,)

Duration of last Sickness, 10 ~~Months~~

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 24 Fri 1879

Undertaker, Julius Koelker

Place of Business, Cor Sharp & Cross

Signed Coyle M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hauckleman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} St. Thomas Orphan Asylum

Cause of Death { First, (Primary,) Consumption of the Lungs
, Second, (Immediate,) ...

Duration of last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, St Agnes Cemetery

Date of Burial, Oct 23, 1879

Undertaker, Henry Hoch

Place of Business, 309 Central Ave

John F. Lemmon M. D.
Medical Attendant.

Address, S. W. Cor Eutaw & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earnest M Brooke

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 64 Columbia Ave

Cause of Death, First, (Primary,) Dyphtheria

Second, (Immediate,) 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Oct 24th 1879

Undertaker, John Schacher

Place of Business, No 80 Canden

J H Bruney *M. D.*
Medical Attendant.

Address, 76 Plaza

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Weekly

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Salt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 165 S. Caroline St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pres. Cemetery

Date of Burial, Oct 23. 1879

John A Clemm M. D.

Medical Attendant.

Undertaker, Polk Mullen

Place of Business,

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by E. Weinmann

The Special A... ...hysicians is Respectfully Invited to the Remarks Below. ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 16th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Parents { Mary Williams / John Williams

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 30 hrs.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Maternity 163 W Lombard St.

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, none

All the above information should be furnished by the Physician.

Place of Burial, For the Use of

Date of Burial, Maternity

Undertaker,

Place of Business,

J. A. Rowland M. D.
Medical Attendant.

Address, 163 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35756

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

Date of Death, Oct-22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles B. Cole

Sex, Male or Female, {cross out the word not required in this line.}

Age, 39 *Years,* 3 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N.E. Cor. Balt & Gilmor

Cause of Death, First, (Primary,) Pleuracy of Left

Second, (Immediate,) Septicaemia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Meme

Date of Burial, Oct 24 1879

Undertaker, F. Miller

Place of Business, 244 E. Lombard

Jos. Quinan M. D.
Medical Attendant.

Address, 680 N. Fr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley Reason

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number} Potters Alley

Cause of Death, First, (Primary.) Tubercles of brain

Second, (Immediate,) Convulsions

Duration of last Sickness, Three weeks / Invalid from birth

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ever Green

Date of Burial, Oct 23d 1879

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Weed Finger

Place of Business, 1062 East St.

Address, 124 n Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Gibson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ Years, 28 Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 928 Eastern Ave

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) ____

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, October 24th 1879

Undertaker, W. H. Gibson

Place of Business, 711 Eastern Ave

D. H. Miller M. D.
Medical Attendant.

Address, 711 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35639

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Octo 22 and 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Cornish

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 43 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} E. S. Maryland

Duration of Residence in the City of Baltimore, about 18 years

Place of Death, {Give street and number} Harmans Court, Hill St.

Cause of Death, First, (Primary,) Pregnancy, abort 7 Months

Second, (Immediate,) Internal Hemorrhage

Duration of last Sickness, about 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, October 23

R. C. Lee M. D.

Medical Examiner.

Coroner's D.

Undertaker, Hercules Ross

Place of Business, 19 Monument 91 *Address,* Monument & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

Date of Death, Oct. 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Adolph

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 125 Saratoga St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grove

Date of Burial, Thursday Oct 23rd 79

R L Burwell M. D.
Medical Attendant.

Undertaker, Conrad Kurtz

Place of Business, No 60 Park ave

Address, 340 Park ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October, 23rd/879 - 630 1/2 pm.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Barry

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 114 E. Lombard St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Chronic Croup

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Oct 24th 1879

Undertaker, James A. Byrne

Place of Business, No 63 N Front St

A. L. Shurfer M. D.
Medical Attendant.

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvia Gettinghame

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Newtown Md

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 142 Raborg St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Oct 24 1879

James H Lemmon M. D.

Undertaker, Hercules Ross

Place of Business, Conway St

Address, County of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Ex E. Wenman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Therese Weignace

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Five Years —

Place of Death, {Give street and number.} 84 Park Ave —

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Three Weeks —

All the above information should be furnished by the Physician.

Place of Burial, Alms-house cemetery. Edward M. Price M. D.

Medical Attendant.

Date of Burial, Oct 24th 1879

Undertaker, Wm J Gray

Place of Business, 615 Hanover St Address N W Cor Gilmor & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ino Platt

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 24th 1879 ..... *M. D.*

Medical Attendant.

Undertaker, J. C. Durban

Place of Business, 53 South Ave *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 24 1879

Date of Death, Oct 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Va Chapman

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 7 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, 1 yr & 7 mo

Place of Death, {Give street and number.} 23 Haw St.

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 23 1879

Undertaker, S M Chase

Place of Business, No 198 Howard St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover Bar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 24 1879

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sarah Young

~~*Son, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number} 304 South Howard St

Cause of Death, First, (Primary.)

Second, (Immediate.) Dropsy

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Shark Cemetery

Date of Burial, Oct 25 1879

Undertaker, D McGrain

Place of Business, No 198 Howard St

J. Ginglen M. D.
Medical Attendant.

Address, 63 George St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 9 *Days.*

Color, Col'd *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bruce St —

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 45 Carlton St —

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Marasmus

Duration of Last Sickness, 5 mos —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery E. M. Holbrook M. D.

Date of Burial, Oct 25 1879 Medical Attendant.

Undertaker, J W Chase

Place of Business, 50 198 Aisquith St *Address* Hom. Free Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 35668 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances A. Bates

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months,* 7 *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. W. Corner Paca alley & Pratt st

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Same as birth

Cause of Death, First (Primary,) Trismus nascentium

Second (Immediate,)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 24 1879

Undertaker, S. W. Chase

Place of Business, No 198 Howard st

R. McSherry Smith M. D.
Medical Attendant.

Address 106 Holliday st

OCT 24 1879 BOARD OF HEALTH BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]cate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21 31.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Fiser

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months,* ..... *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Bald.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 82 Pierce

Cause of Death, First, (Primary,) cancer Stomach

Second, (Immediate,) .....

Duration of last Sickness, 9 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 24 1879

Undertaker, D W Chase

Place of Business, No 196 Howard St

[illegible] M. D.
Medical Attendant.

Address, 220 Saratoga

OCT 24 1879 HEALTH DEPARTMENT BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22d 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Lunde

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Iceland

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Orleans La

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number} 110 Law St

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Saint Cemetery

Date of Burial, Oct 24th 1875

Undertaker, Abraham Wayman

Place of Business, 13 Sodaga St

E Jos Walls M. D.
Medical Attendant.

Address,

OCT 24 1875 BOARD OF HEALTH BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ... ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 22. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth ~~Kershaw~~ Kershauer

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 40 Cross St

Cause of Death { First, (Primary,) Phthisis / Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct 24 1879

Thos. Corbett & Co. M. D.
Medical Attendant.

Undertaker, T. B. Heath

Place of Business, 411 Light St. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23rd. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Willig

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Five *Years,* m *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 81 North Bond St

Cause of Death First, (Primary,) Remittent Inflammation of Lungs etc.

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Oct 25th 79

Undertaker, M. Franc

Place of Business, 280 Canton Ave

D. C. Leland M. D.
Medical Attendant,

Address, 90 Aisquith St.

HEALTH DEPARTMENT OCT 24 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mc Laughlin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* Eleven (11) *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 151 S. Chapel Alley

Cause of Death First, (Primary,) Died

Second, (Immediate,) Of Disease

Duration of last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Oct 25th 1879

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw st

G L Wilkins M. D.
Medical Attendant.

Address, 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 24 1879

CERTIFICATE OF DEATH.

Date of Death, October 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Miller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 146 E. Wolfe St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Diphtheritic Croup

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, W. Fairmount

Date of Burial, Oct 24 79

Undertaker, H. Funk

Place of Business, 35 Bank St

Dr Lucas M. D.
Medical Attendant.

Address, 108 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 22. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Chester

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 21 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 92 Ledenhall St

Cause of Death First, (Primary,) —

Second, (Immediate,) Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Shap St Cemetery

Date of Burial, Oct. 24th 1879

Undertaker, Jacob Davis

Place of Business, 103 Lee St. *Address,* 146 Hanover St

Theodore Cook M. D.
Medical Attendant.

OCT 24 1879

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 24 1879

Date of Death, October 23. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Shaeldey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* 10 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and number} 174 York St

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,) Asthenia.

Duration of last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Oct 24 / 79

Undertaker, Jacob Davis

Place of Business, 103 Lee St.

H. S. Boze *M. D.*
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Miller

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 318 Hanover St

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct. 25th

Theodore Cooke M. D.
Medical Attendant.

Undertaker, Henry Brices

Place of Business, Hennetta St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 22nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wesley Baker

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Oyster house

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Eastern shore Maryland

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, { Give street and number } Morris Al. Ct. 10 Baltimore

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Oct 24

R. B. Morrison M. D.
Medical Attendant.

Undertaker, Jno Brereton

Place of Business, 21 Gardner alley *Address,* General Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram Beals

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co Md

Duration of Residence in the City of Baltimore, 13 yrs.

Place of Death, {Give street and number} George st.

Cause of Death First, (Primary,) Diseased Lungs and heart

Second, (Immediate,) Apoplexy Pectoris had suffered from

Duration of last Sickness, 4h for 4 yrs, death was sudden, fell dead in the street

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Oct 24 1879

Geo C. Cole Coroner *M. D.*
Medical Attendant.

Undertaker, William Mayer

Place of Business, 1062 East St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 24 1879

CERTIFICATE OF DEATH.

Date of Death, Oct 22nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Irvin Lucas

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 22 Hockin st

Cause of Death { First, (Primary,) Acute Bronchitis, Second, (Immediate,) Tubercular Consumption

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Leverd Cemetery

Date of Burial, Oct 24th 1879

Undertaker, William Wrenge

Place of Business, No 62 East st

Wm E Russell M. D.
Medical Attendant.

Address, Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st. Octr 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary Clisham

Sex, Male or Female, { cross out the word not required in this line. }

Age, 53 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washing.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, about 30 years.

Place of Death, { Give street and number } No 22 Brown St.

Cause of Death, First, (Primary.) Causes.

Second, (Immediate,) Sciurhus Uteri. Ruptured

Duration of last Sickness, about 18 months.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Oct 24th 1879

Mr C. Mac Sibbon M. D.
by Dr. Chamberlaine
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 35682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Brinkman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Yrs.

Place of Death, {Give street and number} 28 Lee.

Cause of Death { First, (Primary,) / Second, (Immediate,) Cancer of Face & Eye,

Duration of last Sickness, 18 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 26th

Undertaker, F. N. Groll

Place of Business, 131 Hanover

Medical Attendant. R. J. N. Tate, M. D.

Address, 152 Sharp St.

OCT 24 1879

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ October 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Williams

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Three *Months,* ——— *Days.*

Color, Brown *Sex,* Female

~~*Married,*~~ *Single,* ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 9 George St. alley

Duration of Residence in the City of Baltimore, Three Months

Place of Death, {Give street and number.} No. 9 George St. al.

Cause of Death, {First (Primary,) ——— Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Ev. Sharp St. J. B. Gardner M. D.

Date of Burial, Oct 24 Medical Attendant.

Undertaker, C. W. Blizzard

Place of Business, 172 Lem ard *Address* 120 W. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 33684

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35484

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 24 1879

CERTIFICATE OF DEATH.

Date of Death, Oct 23 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Gibson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 35 *Years,* 8 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 148 West St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 25 1879

Undertaker, Joseph F Byrne

Place of Business, 59 N Liberty *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 23 d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Dougherty

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 410 Hanover St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Scarlatina, 4 days (Two other children had had the disease in same Home, recovered, they could not die; from family near down)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct. 24th.

Undertaker, Henry Boiche

Place of Business, Hanover St. 81

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35686

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35686

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Wade

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md.

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give street and number} 154 Johnson St.

Cause of Death, First, (Primary.) Abscess on the brain

Second, (Immediate.) Pyemia

Duration of last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, Harwood Co Md.

Date of Burial, Oct. 25th

Undertaker, B. Hearey.

Place of Business, 47 N. Light St.

P. C. Lee M. D.
Medical Attendant.
Captain 2 D.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E Kuester

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* 2 (two) *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number} 720 20 Hanover

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, Oct 25

[illegible] *M. D.*

Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Balto St *Address,* ——

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Meyers

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 5 1/2 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 11 Falls Road

Cause of Death { First, (Primary,) Hydrocranial Inflamation
Second, (Immediate,) Convulsions

Duration of last Sickness, 28 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Sweet home

Date of Burial, Saturday Oct 25th 1879

Undertaker, Conrad Banker

Place of Business, No 60 Park ave

Wm. Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Edward Lawrence

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 75 Welcome Alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 25

Undertaker, Hercules Ross

Place of Business, 95 Conway St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Fowler

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 7 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 67 Plum alley near Fremont St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Cerebral Inflammation

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Locust County

Date of Burial, Oct 25 1879

Thos H Keen M. D.
Medical Attendant

Undertaker, Hercules Rote

Place of Business,

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenniman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 1879

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Louisa Schroeder

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 46 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Dress Seamstress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Cor. Chestnut Alley and Hamburg St

Cause of Death, First (Primary,) Cancer of the Liver and adjacent organs

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, October 26

Undertaker, John Herwig

Place of Business, 382 Orleans St

J G Hunt M.D.

Medical Attendant.

Address, 203 Holliday

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH OCT 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ira L Burgess

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* Two (2) *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and number} No 381 South Eutaw

Cause of Death, First, (Primary,)

Second, (Immediate,) Membranous Croup

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Int. Olivet

Date of Burial, Oct. 26th 1879

Undertaker, Wm. H. Nicholson

Place of Business, 234 N. Gay St.

Jno D Blake M. D.
Medical Attendant.

Address, 193 South

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1879 IMORE

CERTIFICATE OF DEATH.

Date of Death, October 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Hopkins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 21 *Months,* 8 *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 147 Raborg St.

Cause of Death, First (Primary,)

Second (Immediate,) Bronchitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, 25th Oct.

Undertaker, John Clemens & Devery

Place of Business, 8 Eastern St.

Arthur Reed M. D.
Medical Attendant.

Address 30 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, exeept in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 1879

CERTIFICATE OF DEATH.

Date of Death, October 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Cole

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* 6 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Norwoods Court

Cause of Death, First, (Primary,) mal. remittent

Second, (Immediate,) Atrophy

Duration of last Sickness, all the summer

All the above information should be furnished by the Physician.

Place of Burial, Shark St. Cem.

Date of Burial, October 24th 1879 James A Cleaver M. D.

~~Undertaker or Attendant.~~

Undertaker, Owens & Sevens

Place of Business, S. Eutaw St. *Address,* Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd — E. Weinmann

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 23/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Vincent Moran

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 5 *Years,* 3 *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 40 Clement st. Locust Point

Cause of Death First, (Primary,) Dipatheria

Second, (Immediate,)

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Oct. 25. 1879

Undertaker, M. A. Daly

Place of Business, 945 S. Broadway

P. Gen. Daunch M. D.
Medical Attendant.

Address, 27 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 22676

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Sheeringer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* — *Months,* Eighteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Always (up)

Place of Death, {Give street and number} 82 ~~Madison~~ Dr Pacca st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Meningitis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, 26th Oct. 1879

Undertaker, H. N. Lewis Son

Place of Business, 16 Light st

D. E. Lilly M. D.
Medical Attendant.

Address, 89 Mulberry st

OCT 25 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Jones

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color,

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 35 Creek al.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 25th 1879

Undertaker, Chas Wexler

Place of Business, 50 Canton Ave

R. D. Ellis M. D.
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 30798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, found Oct 24 Murkeam Since found to be Frank Englebrecht 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} "

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about Forty *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} County whf. 1st & Broadway

Cause of Death, {First (Primary,) / Second (Immediate,)} Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, October 27

Undertaker, Patrick J. Mullin

Place of Business,

W. C. Ireland M. D.
Medical Attendant.

Address Coroner E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 1879

CERTIFICATE OF DEATH.

Date of Death, October 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lonie Meinel

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number} S. W. cor of Eutaw & Lemmon Sts

Cause of Death First, (Primary,) Croup (suspected.)

Second, (Immediate,) Chronic Croup

Duration of last Sickness, about four days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Oct 26th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av

H. C. Dohme, M. D.
Medical Attendant.

Address, 86 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct- 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May V Wigginton

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, One *Years,* five *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~St Marys St & Pennsylvania Av~~

Place of Death, {Give street and number.} St Marys St & Penn Av

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about- 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, October 26th " 79

Undertaker, C. T. Scriven

Place of Business, 271 Eutaw

W. D. Baker *M. D.*
Medical Attendant.

Address 152 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35701

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robt Campbell

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* six (6) *Months,* 1 *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 26 1879

..... *M. D.*
Medical Attendant.

Undertaker, Jos. Sears

Place of Business, ...

Address, 133 Cath

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 23 '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Guire

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, white

~~Married, Single,~~ ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 3 Laurens St.

Cause of Death { First, (Primary,) Jaundice, from Organic Disease of Liver,
Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bonie Brae

Date of Burial, Oct 25

{ *Undertaker,* C H Blizzard
Place of Business, 177 Baltore

J. G. Miller *M. D.*
Medical Attendant.

Address, 84 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 25 1879 BALTIMORE

Date of Death, October 24 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Rock

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 50 Years, ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number} 57 Lewis St

Cause of Death First, (Primary,) Asthma

Second, (Immediate,) Pneumonia

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Oct 26th 1879

J. L. Graff M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St *Address,* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Austin Gordon

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 5 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, None

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, { Give street and number } 91 Eastern Ave.

Cause of Death, { First, (Primary,) Convulsions

{ Second, (Immediate,) Congestion of Brain

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Oct 26th 1879

Undertaker, Henry W. Mears

Place of Business, 145 N Gay St *Address,*

V. B.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johannes Fleise

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* ..... *Months,* .. 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Saratoga st 450

Cause of Death, First (Primary,) Diarrhoea.

Second (Immediate,) Convulsions.

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, 26 October

Undertaker, P. Kummert

Place of Business. 317 Mulberry st.

Dr. Ferd. Reinhard M. D.
Medical Attendant.

Address 224 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 35706

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 19.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Conheil

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 10 *Months,* 16 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 10 Mos. & 16 Days

Place of Death, {Give street and number} 16 y Dyson St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Indigestion

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, John C. Gordon

Date of Burial, Laurel Cemetery

Undertaker, Oct 25 1879

Place of Business, 1208 Pratt

Wm. B. Kidder M. D.
Medical Attendant.

Address, 1217 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Patterson Mathieu

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 265 S. Fremont St

Cause of Death, First, (Primary.) Premature Birth (7 mos

Second, (Immediate,) Convulsions

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James H Lewis M. D.

Date of Burial, Oct 26 1879 Medical Attendant.

Undertaker, Hercules Rees

Place of Business, Conway St *Address,* Comm of Health

H Freyschlag

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wehrmann

No. 35708

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McNally

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 21 E. Monument St.

Cause of Death, First, (Primary.) Scarlet Fever.

Second, (Immediate,) Bronchitis

Duration of last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 25 1879

Undertaker, James P. Byrne

Place of Business, No 63 N. Front St

Edward P. Mendrick M. D.
Medical Attendant.

Address, 157 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Griffith Diven

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Sixty seven *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} "213" Ramsey Street No 213.

Cause of Death, First (Primary,) Old Age - And General debility

Second (Immediate,) Convulsions from improper Ingesta

Duration of Last Sickness, Twenty seven hours

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cem.

Date of Burial, October 25

Undertaker, J B Crook

Place of Business, 707 West Balt

J. Ridgely Hammond M. D.
Medical Attendant.

Address Cor. Calhoun & Hollins Sts. Balto. -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 35710

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Silbergahn

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Forty Two (42) *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and number} 373 North Canal Street

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,) Chronic Bronchitis

Duration of last Sickness, An indefinite period

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, October 27 1879

Undertaker, Geo. Weck

Place of Business, 309 W. Baltimore

Geo. Elmer M. D.
Medical Attendant.

Address, 1 Elmer Eugene Carolina Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Murray

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} Mount W Rd 19

Cause of Death, First, (Primary,) Bronchial Pneumonia

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Oct 26th 1879

Undertaker, Jas H. Cook

Place of Business, No 707 W Baltimore Street

J. H. Parker M. D.
Medical Attendant.

Address, 92 North Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~John W Brooks~~ Oct. 25, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W Brooks

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line,} Male

Age, 27 *Years,* 6 *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 134 Eastern Avenue

Cause of Death, {First (Primary,) Phthisis Pulmonalis. Second (Immediate,) Exhaustion.

Duration of Last Sickness, About one year.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, October 27th, 1879

{*Undertaker,* J. B. Cook.
Place of Business, 707 W. Baltimore St.

J. H. Scarff M. D.
Medical Attendant.

Address 4 Caldwell St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 35713

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Wm H Cubbage

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 10 Seven Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 287 Allicesanna St.

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,)

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Oct 26 1879

Undertaker, H. M. Gibbmeyer

Place of Business, 341 Caroline Ave

James H Steuart M. D.
~~Medical Attendant.~~

Physician

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Mrs Wiseman

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Lawson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* 1 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number } 108 S Exeter St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Oct. 27th 1879

Undertaker, J. B. Cook

Place of Business, 707 Balto St

Abram D. Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice May Simpson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 5 *Months,* 23 *Days.*

Color, Negro *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 75 Bruen St Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 263 Rabuge st

Cause of Death, {First (Primary,) / Second (Immediate,)} Dysentery

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetary

Date of Burial, October the 24th 1879

J W McConnell M. D.
Medical Attendant.

Undertaker, William N Dungee *Address* 498 W Fayette St

Place of Business, 10 Stockton Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine M. Martin

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} Hanover & Barney Sts

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Oedema of the Lungs

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, October 27th 1879

Thos Corbett M. D.
Medical Attendant.

Undertaker, Julius Kahler

Place of Business, Krauf & Sons *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silvia Thomas

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 25 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 227 Hoffman Street

Cause of Death First, (Primary,) Congestion

Second, (Immediate,)

Duration of last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Oct 26/79

Undertaker, Howard Miller

Place of Business, 38 Park

Thomas Shearer M. D.
Medical Attendant.

Address, 97 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33718

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Taylor

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 *weeks* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 17 N. Dallas St.

Cause of Death, First, (Primary.) Spasms

Second, (Immediate.)

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, Octo 26th 1879

Undertaker, Thos. J. Lochs

Place of Business, 73 Jefferson

James H Lewis M. D.
Medical Attendant.

Address, Comr of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Mr Newman

No. 35719

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed. W. Ames

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 93 S. Dallas

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grove

Date of Burial, Oct 26 1879

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Theo J Locke

Place of Business, 18 Jefferson st *Address,* 117 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Physicians are respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Ann Jackson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, All 30 years

Place of Death, {Give street and number} 181 E. Durham St

Cause of Death First, (Primary,) asthma —

Second, (Immediate,) Dropsy —

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St.

Date of Burial, Oct 26. 1879

Undertaker, Thos J Locke

Place of Business, 73 Jefferson St *Address,* 137 Columbus

[signature] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE OCT 26 1899

CERTIFICATE OF DEATH.

Date of Death, October 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard H Geyer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.* 4

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 11 Falls Road

Cause of Death First, (Primary,) Scarlet Fever-

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Wm Wilmdge M. D.
Medical Attendant.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Oct 26th 1899

Undertaker, Conrad Fuhrer

Place of Business, No 60 Park ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct-24th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Turner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, eighty - *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Eastern Shore Md

Duration of Residence in the City of Baltimore, fifty years

Place of Death, { Give street and number. } Hoffman's - 41

Cause of Death, { First (Primary,) old age / Second (Immediate,) }

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, October 27

{ *Undertaker,* Hercules Ross / *Place of Business.* 96 Conway St }

L. E. Turner M. D.
Medical Attendant.

Address 62 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 35723

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Mogck

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 2 *Years,* 11 *Months,* ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 547 Canton ave

Cause of Death, First, (Primary,) Diphtheria –

Second, (Immediate,) – Croup –

Duration of last Sickness, 10 days –

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemy

Date of Burial, Oct 27th

Undertaker, H. Froelich

Place of Business, 246 Eastern Av

Thomas F. Evans, M. D.
Medical Attendant.

Address, 99 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3 5 7 2 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35724.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly~~ filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Grimm

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 11 S Spruce alley

Cause of Death, { First, (Primary,) Remittent Fever

Second, (Immediate,)

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St [redacted]sis Cem

Date of Burial, Oct 28th

Undertaker, Th Locks

Place of Business, S Wolf

Address, [illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35723

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE CITY OCT 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th October 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Edward Schindel

~~*Sex,*~~ *Male* ~~*or Female,*~~ { cross out the word not required in this line. }

Age, — *Years,* 3 *Months,* 11 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 36 Inc Elderry St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 27 October 1879

Undertaker, Philip S. Dill

Place of Business, 183 Columbia Av

Milton Newton Taylor M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Collins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 54 S. Poppleton St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 15 years (?)

All the above information should be furnished by the Physician.

Place of Burial, Balt C.

Date of Burial, Oct 28, 1879.

{*Undertaker,* J. B. Blackistone & Son

Place of Business, 606 Balt St

J. W. C. Cuddy, M. D.
Medical Attendant.

Address 343 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

CERTIFICATE OF DEATH.

(To be Retained by Physician.)

35727

Date of Death, Oct 25th 79

Name of Deceased, Mark Hart

Sex, Male or ~~Female~~,

Age, 4 years 9 months

Color, White

Occupation, ———

Birthplace, Baltimore

Duration of Residence in B. C. from birth to death

Place of Death, Cor Pratt & Eutaw

Cause of Death, { First, (Primary,) Eclampsia
Second, (Immediate,)

Duration of Last Sickness, one day in

REMARKS: M. V. Grim
185 W Fayette

Ft Sheet — please send
to Bureau of Statistics —
& then Entered over a ~~true~~
Certificate from
P. Seewald
Fountain Park

No. 35728

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 27 1879 BALTIMORE

Date of Death, October 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hennessey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 1 W. Balto St

Cause of Death, First, (Primary.) Pertussis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks County

Date of Burial, October 27th 1879

Undertaker, Hall Gilmore

Place of Business, 2 Hanover St

J. H. Gallup M. D.
Medical Attendant.

Address, 1 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Preston

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 481 E. Chase St

Cause of Death First, (Primary,) Teething - & Indigestion

Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Int. in L. Cal. church Harford Co. md

Date of Burial, 28 Oct 2 o'clock

J. J. Gray M. D.
Medical Attendant.

Undertaker, George C. Rodenmayer

Place of Business, 38 Eager Street *Address,* 127 Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 27 1879 BALTIMORE MD

Date of Death, October 26th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Timmerman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 23½ W. Lombard St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Inanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Oct. 27th 1879

Undertaker, J. Muller

Place of Business, 21 Harrison St.

R. F. N. Tall M. D.
Medical Attendant.

Address, 15-2 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33731

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 33731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Dempster

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #141 Crop St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Meningitis

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 28 1879.

Wm B Nobbe M. D.
Medical Attendant.

Undertaker, Mathew Cadogan

Place of Business, 227 Mulberry St *Address,* 19 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Call special attention of Physicians ... to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 26th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William W. Patterson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 26 Years, 1 Months, 9 Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Musician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 18 Clinton Avenue

Cause of Death { First, (Primary,) Febris Typhoides.
Second, (Immediate,) " "

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Oct 28

Undertaker, J B Cook

Place of Business, 107 W Baltimore St *Address,* Cor Fayette & Schroeder Sts

A. C. Fox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Barbara Schatzberger

Sex, Male or Female, {cross out the word not required in this line.} Female

63 *Years,* 4 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Home

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia,

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, {Give street and number} 826 Penna. Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 28th 1879

Undertaker, Andrew Getz

Place of Business, [illegible]

William Frahm M. D.
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35734

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 25th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Adams

Sex, Male or Female, { cross out the word not required in this line. }

Age, 80 *Years,* *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, { Give street and number. } 109 Moor Alley

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Chronic Bronchitis

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, Oct. 27th 1879

Undertaker, Wm. J. Bishop Jr

Place of Business, 97 Druid Hill Ave

W. N. Antrim M. D.
Medical Attendant.

Address, 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Bo[redacted]p Harford, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Purcell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 26 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 Harmony Lane

Cause of Death, {First (Primary,) Tubercular Meningitis / Second (Immediate,)}

Duration of Last Sickness, 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 27th 1879

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

L E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35736

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Schaffer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 7 *Days.*

Color, white *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 595 Hanford Ave

Cause of Death, First (Primary,) Cholera Inf.

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pastor Chapel Cemetery

Date of Burial, October 28 — 1879

G. Liebmann M. D.
Medical Attendant.

Undertaker, Ulrich Schmidt

Place of Business, 263 East Eager St *Address* 223 W. Lombard St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of [illegible] to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 27 1879 BALTIMORE

Date of Death, ~~Date~~ name James E Moran

Full Name of Deceased, ~~Full Name of Deceased~~, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oct 26 - 1879 -

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 34 Years, 1 Months, 10 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laboring Man

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland (Balto)

Duration of Residence in the City of Baltimore, Ub to 7 years ago

Place of Death, {Give street and number} 1a 30 Liberty Alley

Cause of Death, First, (Primary,) Tuberculosis of Lungs

Second, (Immediate,) Exhaustion

Duration of last Sickness, for 1½ years.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 29th 1879

A Boyd Wylie M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, 63 First st Address, Townsend & Argyle Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35738

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty five *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} No 44 ~~Short~~ St Paul St

Cause of Death, First (Primary,) Childbirth

Second (Immediate,) Excision from Peritoneal Cavity

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cem.

Date of Burial, Oct 27 1879

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St.

Henry P. P. Yeates M. D.
Medical Attendant.

Address 133 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible] Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Unknown 60 *Years,* about *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,) Shock.

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem.

Date of Burial, Oct 29 1879

Wm P Howard *M. D.*
Medical Attendant.

Undertaker, P. Mullin

Place of Business, P. Park Ave *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward John Braden

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 13 Hillman St.

Cause of Death, {First (Primary,) Premature birth

{Second (Immediate,) Inability to Nurse

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, October 27th 1879

{*Undertaker,* Chas. P. Scriven

{*Place of Business,* 211 N. Eutaw

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Lovett

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 21 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 17 Lewis St

Cause of Death, First, (Primary,) Premature Birth — 6 Mos

Second, (Immediate,) Insanition

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Oct 27 1879

Undertaker, C. A. White

Place of Business, Granby St

Thos A Clemm M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or later, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1879

Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Lee

Sex, Male or Female, {cross out the word not required in this line.}

Age, 41 *Years,* 3 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Capt Schooner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Isle of St Vincent W Indies

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number} 386 ~~West~~ E Pratt

Cause of Death { First, (Primary,) Hepatic Abscess

Second, (Immediate,) Hemorrhage from Lung

Duration of last Sickness, 80 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 30th

Undertaker, Thos S Hughes & Co

Place of Business, 60 E. Baltimore

Wm H Grimm M. D.
Medical Attendant.

Address Consulting
Physician
86 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 95743,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Clara Geiger

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 148 E. Pratt St.

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 29th 1879

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

H. H. Luke M. D.
Medical Attendant.

Address, Balt. & Mech. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine McVeigh

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 111 Hillen St

Cause of Death, First, (Primary,) Old age Pneumonia

Second, (Immediate,) Exhaustion Asphyxia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial,

Undertaker, H. W. Means

Place of Business,

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 43 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35745

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35745

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE OCT 28 1879

Date of Death, October 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Fowler

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, Seventy four *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number} #146 Orleans St

Cause of Death, First, (Primary,) Cancer of womb

Second, (Immediate,) Exhaustion

Duration of last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct-29

Undertaker, Fry & Zile

Place of Business, 624 W Broadway

A Hartman John M. D.
Medical Attendant

Address, 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35746

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35746

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 28 1879 BALTIMORE

Date of Death, Oct 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Schuchman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 82 *Years,* —— *Months,* —— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany — 29 years —

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} Cor Light St & Guilford's alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile Decay —

Duration of last Sickness, 6 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct. 28th 1879

Undertaker, Phil I. Seward

Place of Business, 35 S. Eutaw

John A Steuart M. D. Attending Physician.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by C. E. Wenman

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 35747

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Stuart

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Donack in Scotland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Asylum of the Little Sisters of the Poor Cor. John and Valley sts

Cause of Death { First, (Primary,) ..... Second, (Immediate,) general Debility

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Rood Cemetery

Date of Burial, October 29th 1879

Undertaker, Henry Shelkeis

Place of Business,

F. Warner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35748,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Linck

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Student

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Valley St

Cause of Death {First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 28th

Chas. O'Donovan M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 28 1879 BALTIMORE

Date of Death, October - 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Hess

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Piano Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 468 E Lombard St

Cause of Death First, (Primary,) Congestion of the brain.

Second, (Immediate,) & Lambliem

Duration of last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, October 28th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT. 28 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 27th October 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Poor, / Mary E.

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 23 N Carrollton Ave

Cause of Death, { First, (Primary,) Scarlet Fever / Second, (Immediate,) Cerebral Effusion, with Convulsions, }

Duration of last Sickness, 5 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 29th

Alf. Jones *M. D.*
Medical Attendant.

Undertaker, F. N. Tull

Place of Business, 131 Hanover St *Address,* S. & W. Forth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33701

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Thomas Files

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 11 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 189 S. Regester St

Cause of Death, First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,) followed by Internal convulsions.

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, October 29th 1879

John H. Rehberger M. D.
Medical Attendant.

Undertaker, Leonhard Burr

Place of Business, S. Bond St. No. 227

Address, #243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret A Finch

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 26 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bal. City Md.

Duration of Residence in the City of Baltimore. Life time

Place of Death, { Give street and number. } 38 N. Wolf St.

Cause of Death, { First (Primary,) Consumption of Bowels / Second (Immediate,) Exhaustion

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Oct 29th 1879

{ *Undertaker,* Denny & Mitchell / *Place of Business,* 65 S Broadway Address 189 Bank St

A. J. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 28 1879 BALTIMORE

Date of Death, Oct 28 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Wiegand

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } /

Age, / *Years,* — *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 172 Johnson St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Cemetery

Date of Burial, Oct 30th

Thos Morrow Carter M. D.
Medical Attendant.

Undertaker, J. B. Harley

Place of Business, 411 Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible].

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 27. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Dulany

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Mississippi

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} Cor of Fayette & Eutaw Sts

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) six months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park City

Date of Burial, Octr 29th 1879

Thomas Shearer M. D.
Medical Attendant.

Undertaker, John Thacker

Place of Business, Park & Fayette sts *Address,* W. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 27th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Coleman.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 75 *Years,* —— *Months,* —— *Days.*

Color, white *Sex,* male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Machinist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Maryland

Duration of Residence in the City of Baltimore, 70 years

Place of Death, {Give street and number.} 672 W. Pratt St. Baltimore Md.

Cause of Death, First (Primary,) Gastritis.

Second (Immediate,)

Duration of Last Sickness, 24 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Gaidensville Baltimore county via Pleasure W. T. Jones M. D.

Medical Attendant.

Date of Burial, Oct 29th 1879

Undertaker, Jos. B. Cook

Place of Business, No 707 W. Baltimore Street *Address* 96 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 21st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mannion.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number} 149 Ridgely St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia.

Duration of last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Oct 29 1879

Undertaker, Levi T. Ryan

Place of Business, 59 Liberty

R. J. H. Hall M. D.
Medical Attendant.

Address, 152 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3570

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy A Brown

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Three & four *Years,* ____ *Months,* ____ *Days.*

Color, Dark

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Chamber Maid

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, About Sixteen Years

Place of Death, {Give street and number} No 4 Little Penn St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 28th 1879

D G Green M. D.
Medical Attendant.

Undertaker, Wm N. Dunn

Place of Business, No 62 East St *Address,* 87 Marlborough

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 33750

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35758

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 mo 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wagner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number} 224 E. Eager St

Cause of Death, First, (Primary.) Consumption.

Second, (Immediate,)

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis Cemetery

Date of Burial, October 31

Wm Riley M. D.
Medical Attendant.

Undertaker, Adam Funk

Place of Business, 461 W Gay St

Address, 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 30[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Hammond (Mother

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* one *Month,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 284 West St Between Ladiad & Lawrence St

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pubic Cem

Date of Burial, Oct 28 1879

Undertaker, J. A. Kershaw

Place of Business, S. Carrollton Av

Thos A Shinn M. D.

~~Medical Examiner~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 27. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie May Sinclair

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 129 S. Bond St.

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) & Laudanum

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial 29th of October 1880

Undertaker, John C. Smith

Place of Business, 265 Alice anna St.

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

Board of Health, City of Baltimore.

Permit No. 35761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emelie Marie Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, 14 Days.

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. W. cor Wolfe and Monument St

Cause of Death, {First (Primary,) Capillary Bronchitis / Second (Immediate,)}

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 29.

Undertaker, John Henrici

Place of Business, 382 Orleans St

Irving Miller — M. D.
Medical Attendant.

Address 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35762

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1879 BALTIMORE

Date of Death, October 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James L. Hamilton

Sex, Male or Female, { cross out the word not required in this line. }

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Gentleman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Queen Annes County Virginia

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and number } Calvert & Monument Sts

Cause of Death { First, (Primary,) Old Age

Second, (Immediate,) Paralysis of Brain

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Oct 25th 79

Undertaker, Wm Murphy

Place of Business, 52 E Fayette St

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Penn

OCT 29 1879 BALTIMORE

~~*Sex,*~~ *Male or Female,* {cross out the word not required in this line.}

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} N Calvert St

Cause of Death { First, (Primary,) Pulmonary Consumption / Second, (Immediate,) Nervous Prostration

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, 29th October

Chas A Tonsen M. D.
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Dulaney St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35764

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28 1900

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac H Powell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 33 *Years,* (*Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 293 E Lombard st

Cause of Death, First, (Primary,) I believe:

Second, (Immediate,) Bright's disease of Kidneys

Duration of last Sickness, about 11 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 30th 1900

J Ridgway Price M. D.
Medical Attendant.

Undertaker, M. Evans

Place of Business, 28 E Eutaw Ave

Address, 121 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30765

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Steven

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 49 *Years,* 10 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 59 Barre st

Cause of Death, First, (Primary,) Epithelioma of Rectum

Second, (Immediate,) Gastro-Enteritis

Duration of last Sickness, Twelve days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Oct 30th 1879

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

H. V. Webster, M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida L. Bowles

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1403 S. Eden St

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Oct 29th 1889

L. C. Bruce M. D.
Medical Attendant.

Undertaker, Curtis Kreibich

Place of Business, Sharp & Cross St. *Address,* 15 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. C...

Board of Health, City of Baltimore,

Permit No. 35767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

Date of Death, Oct 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kunigunde Gilden

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 30 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 59 S. Chapel Street

Cause of Death {First, (Primary,) Typhus abdominalis

{Second, (Immediate,) Suppressio urinæ

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, October 30 1879

Undertaker, Henry Hook

Place of Business, 309 N. Central Ave

F. Hutter M. D.
Medical Attendant.

Address, 245 S. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 35768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

Date of Death, Oct 28. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francesco Onesta

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 18 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Canada - 6 months in U.S.

Duration of Residence in the City of Baltimore, 6 months.

Place of Death, {Give street and number.} 313 N. Central Avenue

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Congestion of the Lungs

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, St Aloysiuns Cemtery

Date of Burial, Oct 29 1879

{*Undertaker,* Henry Hoock

{*Place of Business,* 379 Central Ave.

Albert B. Lyman M. D.
Medical Attendant.

Address 375 E. Baltimore St.
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35769

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 26.. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gray

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number} 19 N. Bethesda near Fayette St.

Cause of Death, First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) .....

Duration of last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, North Point Church Cemetery

Date of Burial, Oct 29th 1879

Undertaker, Wm. N. Duncan

Place of Business, 1062 East St

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 Old Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. ____

Board of Health, City of Baltimore,

Permit No. 35770

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

Date of Death, Oct 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Haskell -

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* 7 *Days.*

Color, (White)

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation, /

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} Hollins st near Mount -

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Oct 29th 1879

Undertaker, John Maccubin

Place of Business, Park & Fayette

J. H. Emmy M. D.
Medical Attendant.

Address, 76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35771

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

Date of Death, Oct. 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Adams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} A. A. County Md

Duration of Residence in the City of Baltimore, Eleven months

Place of Death, {Give street and number.} No 6 Vigant St. 6th

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co Md.

Date of Burial, Oct 29th 1879

Undertaker, Peter Davis

Place of Business, 14 Bruce St

H. F. Hill M. D.
Medical Attendant.

Address 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

Permit No. 35772

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 29 1879 BALTIMORE

Date of Death, Oct 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Louthian

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 25 *Years,* 7 *Months,* 4 *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number} 128 York St

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29 1879

Undertaker, S W Chase

Place of Business, No 198 Howard St

S A Beck M. D.
Medical Attendant.

Address, 161 So Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1879

CERTIFICATE OF DEATH.

Date of Death, Octo 29th 1879 (Arrain)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Emerine

X

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* 14 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 79 Harrison

Cause of Death, First, (Primary.) Inflight Opthalmia,

Second, (Immediate,) Coma – Convulsions

Duration of last Sickness, Twelve (12) Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Octo 30th 1879

Geo R Reynolds M. D.
Medical Attendant.

Undertaker, James P. Innes

Place of Business, 63 North Front

Address, 432 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 35774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 28th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nevin

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} Corner Jenkins & Campbell Alley

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Oct 29th 1879

Undertaker, Chas I Scriven

Place of Business, 211 Eutaw St *Address,* 183 Linden Ave

Edmund R Walker M. D.
Medical Attendant.

OCT 29 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Donley Randall McAllister

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, one *Years,* Eleven *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 49 Hillin

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 49 Hillin

Cause of Death First, (Primary,) Cold

Second, (Immediate,) Convulsion causing Congestion of Brain

Duration of last Sickness, 4 days Since Sick

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery

Date of Burial, 30 Oct 10 Oclock

Geo H Keyser M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 Eutaw Street *Address,* 18 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt. Ann Doyle.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 39 *Years,* 4 *Months,* ..... *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 294 N. Henry St

Cause of Death {First, (Primary,) Consumption,

Second, (Immediate,)

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Oct 30 1879

Undertaker, James P Byrne

Place of Business, No 63 N Frederick

J. W. Hook M. D.
Medical Attendant.

Address, 75 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adaline Rainey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, That of a faithful wife & mother

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 6a Months

Place of Death, {Give street and number.} No 27 Rad Street

Cause of Death, First (Primary,) Mammary Cancer

Second (Immediate,) Uterine Cancer

Duration of Last Sickness, 6a to twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy

Date of Burial, Oct 30th

N. H. Chilton M. D.
Medical Attendant.

Undertaker, Stewart & Mercer

Place of Business, 30 Park Ave. *Address* 146 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1879 MORE

Date of Death, Oct. 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda L. Smith

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 2 *Days.*

Color, whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 3 Pleasant alley

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul

Date of Burial, Oct 29th

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, H. Frecklich

Place of Business, 246 Eastern Ave *Address,* 117 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2...

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Agnes Fisher

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ... *Years,* 3 *Months,* 2 1 *Days.*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all of life

Place of Death, { Give street and number } 23 Gulford Alley

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 29th

Undertaker, Perkins & Kane

Place of Business, 120 Pennsylvania St

W S Booze M. D.
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 35780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 28th 1879 — 10 A.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie May Breslin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 15 *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 36 Valley St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Adynamia

Duration of last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Oct 29 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address,*

A Hergsheimer MD *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th. October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Marie Fischer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 34 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Luckawicz, Bohemia, Austria 12 years

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} S. Bethel Street 170

Cause of Death, First, (Primary,) Abortus

Second, (Immediate,) Metrorrhagia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, October 30

William Henry M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, S. Bond 157

Address, S. Wolfe & Eutaw Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Oct. 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Elijah Taylor

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 42 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Coal Heaver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 42 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,) Apnoea

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Public Cemetery

Date of Burial, Oct 29 1879

Undertaker, P. Mullin

Place of Business, ———

Dr David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35783.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Sahlin

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One (1) *Years,* Eight (8) *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 9 Aisquith St

Cause of Death, First, (Primary,) Acute Cerebral Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, Old Westminster Yard

Date of Burial, Oct 30 1879

Undertaker, Henry Flock

Place of Business, 309 Central Ave

F. W. Sloan M. D.
Medical Attendant.

Address, 1 E. Fayette & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 1879 BALTIMORE

Date of Death, October 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Peach

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* 23 *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 273 William Street

Cause of Death First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, ~~W. Laf~~ Greenmount Cem.

Date of Burial, October 30

Undertaker, B. Early

Place of Business, 411 Light St.

L. O. Harrington M. D.
Medical Attendant.

Address, 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35785 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT OCT 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Stickett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 323 Mc Henry pl

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 323 Mc Henry st.

Cause of Death, First (Primary,) ____ Second (Immediate,) Scarlet fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olive Cem. P. V. Benson M. D.

Date of Burial, October 30th 1879 Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltis St *Address* 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday Octo 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Gordon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} # 345 N. Gay St.

Cause of Death, First, (Primary,) Abscess in the Ethmodial Sinuses & Epistaxis

Second, (Immediate,) with pressure on Brain. Convulsions,

Duration of last Sickness, Few Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 30th /79

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Bynum

Address, 269 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35787

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob. Wagner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty two *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boatman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, mo

Place of Death, {Give street and number.} 333 South Bond St

Cause of Death, First (Primary,) Heart disease (Cardiac Dropsy)

Second (Immediate,) ...

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetary

Date of Burial, 30th Octr. 1879

Undertaker, Wm. Nicolaus

Place of Business, 253 Aliceanna

E. C. Ireland M. D.

Medical Attendant.

Address Coroners. E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

No.

Board of Health, City of Baltimore,

Permit No. 35788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha M. Blaise

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number} Marion St 30

Cause of Death, First, (Primary,) Tuberculosis (General)

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 30 - 1879

Undertaker, Samuel H. Chase

Place of Business, 198 South Howard st

R. B. Morrison M. D.
Medical Attendant.

Address, General Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 35789

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1919 BALTIMORE

Date of Death, Oct. 29/19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Lee.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Septuin

Place of Death, {Give street and number} 12 Chuck Ch

Cause of Death, First, (Primary,) Diphtheretic Laryngitis.

Second, (Immediate,)

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Oct 30th 1919

Undertaker, Lee, J. [redacted]

Place of Business, 73 Jefferson ... *Address,* 187 N. Exeter Ch

Edward P. Anderson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 35790 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 29th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martina Cornish

Sex, ~~*Male*~~ *or Female,* { cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* ..... *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto-

Duration of Residence in the City of Baltimore, 13 mths

Place of Death, { Give street and number } Vine St 38

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Exhaustion

Duration of last Sickness, 13 mths

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Oct 31st

R. B. Morrison M. D.
Medical Attendant.

Undertaker, Owens & Devers

Place of Business, No 225 E Eutaw St *Address,* General Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 35791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1879 BALTIMORE

Date of Death, Oct 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E C Hutchinson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 17 *Years,* 7 *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Allegheny Pa

Duration of Residence in the City of Baltimore, Eighteen months

Place of Death, {Give street and number} 66 N Republican St.

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,) as Cong Brain

Duration of last Sickness, All her life 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Oct 30 1879

Undertaker, Hughes & Bro

Place of Business, 561 Fayette St

W. Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimor[illegible]

Permit No. 35792.

OFFICE OF REGISTRAR OF VITAL STATISTIC[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Robertson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 23 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 2 Melrose [illegible] Ave

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Endocarditis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct. 31 1897

Undertaker, A W Chase

Place of Business, No 198 S Howard St

J. A. Gilles M.D.
Medical Attendant.

Address, 130 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 35793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1879 BALTIMORE

Date of Death, Oct. 29th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ballard Kent

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* ~~7~~ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 143 Conway St

Cause of Death { First, (Primary,) } { See no apparent local cause. except the prevalence of the disease in neighborhood
{ Second, (Immediate,) Diphtheria

Duration of last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Oct 30th

Undertaker, Wm J. McKnew

Place of Business, 65 S. Eutaw St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 35794

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Woods

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Thirty four *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Oyster Opener

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co Maryland

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number} No 312 S. Howard St

Cause of Death {First, (Primary,) Pleurisy

{Second, (Immediate,) Emphysema complicated

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Oct 30 1879

Undertaker, John C. Ponder

Place of Business, No 63 Park St *Address,* 14 S. Hill St

L. L. Dyer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 35795

OFFICE OF REGISTRAR OF VITAL STATISTIC

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 29 - 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Cecelia J. Johnson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Thirty Two *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } No 189 Bruckh

Cause of Death { First, (Primary,) — Second, (Immediate,) Consumption

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Oct 31st — Wm H Hendrickson M. D.

Medical Attendant.

Undertaker, J. N. Ford

Place of Business, 189 Monroe St *Address,* No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 35796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucci Schultz

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. }

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Baker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, { Give street and number } Baltimore Infirmary

Cause of Death { First, (Primary,) Crushed by Railroad Train

, { Second, (Immediate,) Shock

Duration of last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Druidhill Park

Date of Burial, October 31st 1879.

{ *Undertaker,* Adam Weidemeyer

{ *Place of Business,* 518 W. Baltimore St.

Edmund C Rivers M. D.
Medical Attendant.

Address, Balto Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 35797

OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victor Strassburger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Stonecutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 521 W Baltimore

Cause of Death { First, (Primary,) Colloid degeneration of the liver
Second, (Immediate,) .....

Duration of last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Hebrew Congl. Trap...

Date of Burial, Oct. 31st 1879

Undertaker, Adam Heidemeyer

Place of Business, 518 W. Baltimore St.

S. T. Knight ..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

No.

Board of Health, City of Baltimore,

Permit No. 35798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Sophia Hussey

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Seven *Years,* one *Months,* ~~twenty~~ five *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all Life

Place of Death, {Give street and number} 83 South High

Cause of Death { First, (Primary,) ... Second, (Immediate,) Scarlet fever Maligna

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 31 st

{ *Undertaker,* Fry Law

{ *Place of Business,* 654 Broadway

Geo. H. Keyser M. D.
Medical Attendant.

Address, 18 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 35799

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

[illegible] DEPARTMENT OCT 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 29th, 879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Feldman.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria, Germany.

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and number} # 274 Eastern Av.

Cause of Death, First, (Primary,) Rheumatic Carditis.

Second, (Immediate,) ____

Duration of last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 31st of October

Undertaker, [illegible]

Place of Business, [illegible]

John H. Rehberger M. D.
Medical Attendant.

Address, #243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

No.

Board of Health, City of Baltimore,

Permit No. 35800

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 31 1879 BALTIMORE

Date of Death, 29 Oct 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Mathews

Sex, Male or Female, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, ~~White~~ African

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Ginning Life

Place of Death, {Give street and number} 124 Bethel St

Cause of Death, First, (Primary,) Hereditary

Second, (Immediate,) Insanity Intemperance

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas F Cemetery

Date of Burial, Oct 31 1879

Undertaker, S W Chase

Place of Business, 80 198 Howard St

Milton A Taylor M. D.
Medical Attendant.

Address, Broadway Inc Eldersly St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore

Permit No. 35801

OFFICE OF REGISTRAR OF VITAL STATISTI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Taylor

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30. *Years,* — *Months,* 22 *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carolina C. Ind

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 27 Walker St

Cause of Death { First, (Primary,) ... Second, (Immediate,) Phthisis

Duration of last Sickness, 16 Months

All the above information should be furnished by the Physician.

Place of Burial, Penton Meth. Ch.

Date of Burial, Octber 31

Undertaker, H. Charles Roos

Place of Business, 95 Conway St

by Thorlow Lord & Co M. D. Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th. October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ott.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Existence.

Place of Death, {Give street and number} S. Madyra Alley 179

Cause of Death, First, (Primary,) Dentitia

Second, (Immediate,) Convulsions

Duration of last Sickness, 14 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetry

Date of Burial, Octbr. 31st 1879

Undertaker, L. Ritz

Place of Business, Nro. 129½ S. Bedway

William Menkel M. D.
Medical Attendant.

Address, S. Wolfe & Wf.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* at, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 31. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Dunn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 261 E. Pratt

Cause of Death First, (Primary,) Typhilitis

Second, (Immediate,) Perforation

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Ecclesia Church Road

Date of Burial, Nov 2nd 1879

Undertaker, Dunn & Mitchell

Place of Business, 685 Broadway

Address, Balt. & Wash Rds

L. A. Rusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o

Board of Health, City of Baltimo

Permit No. 35804

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 30. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams Vogelsang

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 207 Chesnut alley

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Croupous form

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Oct 31 1879

Maburry Brewer M. D.
Medical Attendant.

Undertaker, John G. Kohlhepp

Place of Business, 308 Franklin *Address,* 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention

Board of Health, City of Baltimore,

Permit No. 35805 — OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~No 1 Burns~~ Susie Ann Hunter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 10 *Months,* 14 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No. 1 Burns St.

Cause of Death, {First (Primary,) Membranous Croup

Second (Immediate,) Asphyxia & Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters' Cem

Date of Burial, Oct 31 1879

Wm. E. Murray *M. D.*
Medical Attendant.

Undertaker, P. Kummel

Place of Business, Mulberry St *Address* 808 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lowry

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 8 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Burns
Second, (Immediate,) Asthenia
, 9 days

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, E. B. P. Cemetery

Date of Burial, Oct. 29

{ *Undertaker,* Pat. Mullin
Place of Business, P. Park Ave

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 30th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christina Reinhold

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Sixty three *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Birth & Conty 1 Year

Place of Death, { Give street and number } 11. N Durham St

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,) Dropsy

Duration of last Sickness, Two Months & Period

All the above information should be furnished by the Physician.

Place of Burial, St Paules cemetery

Date of Burial, October 31

Undertaker, Wendel, Dippel

Place of Business, S Bond 157

H. W. Blum M. D.
Medical Attendant.

Address, S E Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 35808

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Virginia Brooke

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 13 *Years,* 1 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 18 Bartlett St.

Cause of Death, First, (Primary,) Ulcerative endocarditis

Second, (Immediate,) Cerebral embolism, Coma — Paralysis —

Duration of last Sickness, Symptoms / Compression about 48 days - ill health Through Life

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 1st 1879

Undertaker, John Mascher

Place of Business, No 151 Lemmon St

Dr. S. Hammond & Griffin M. D.
Medical Attendant.

Address, 64 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 35809

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday October 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Collins

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 29 *Days*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co Md

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number.} 29 Linden St

Cause of Death, {First (Primary,) Inflamation of Bowels

Second (Immediate,) Meningitis and Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Camp Chabel Cemetary

Date of Burial, 1th Nov 1879

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

E Shechan M.D.

Medical Attendant.

Address, 2 Donnell

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Butler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 11 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {~~Cross out the word not required in this line.~~}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore & Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 6 Cumberland & St

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate.)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 2

G. W. Norris M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 709 W. Balt. St. *Address,* Co Stricker & Buchanan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

No.

Board of Health, City of Baltimore,

Permit No. 35811

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Octo 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johan Polsy

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* 10 *Months,* 0 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number} #45 Abbott St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Erysipelas

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem

Date of Burial, Nov 1879

Undertaker, Henry Stock

Place of Business, 309 Central Ave

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...ne Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 35814

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

OCT 31 1879 ...ORE

Date of Death, October 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah L. Newman

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 27 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} #25 Montgomery St

Cause of Death First, (Primary,) Bronchitis,

Second, (Immediate,)

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, October 31

Undertaker, Hercules Ross

Place of Business, 76 Monument St

J. W. Whelan M. D.
Medical Attendant.

Address, Northern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 35813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 31 1879 BALTIMORE MD.

Date of Death, October 31st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth H. F. Jarvis

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 76 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 100 Hill Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 3 1879

Undertaker, John L Thacker

Place of Business, Park & Fayette Sts

Edward R. Ward M. D.
Medical Attendant.

Address, 242 N. Lombard St.

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 4R.]

The Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Mary Hörpleine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 315 Penna Ave Baltimore Pulmonalis

Cause of Death, First (Primary,) Asthenia

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, Nov 2

Undertaker, Geo Monaghan

Place of Business, Address 574 Columbia st

W. E. Sager *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 35815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Williamson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 9/12 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, about two Months

Place of Death, {Give street and number.} 335 E. Biddle St

Cause of Death, {Primary,) Bronchitis with Infantile Fever

{Second (Immediate,) Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Pikesville Balto Co.

Date of Burial, Nov. 1, 1879

G. E. Gilbrow M. D.
Medical Attendant.

Undertaker, Hughes & Bro

Place of Business, 238 Madison Ave & Dolphin & Fayette & Cumberland *Address* 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o[illegible]

Board of Health, City of Baltimore,

Permit No: 35816

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Oct: 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Hardy

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 5d *Days.*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} Little Pleasant and Pentuers

Cause of Death, {First, (Primary,) Convulsions, Second, (Immediate,)

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Nov- 1st 1879

Undertaker, John C. Jordan

Place of Business, Park ave

R L Burwell M. D.
B. C. D.
Medical Attendant.

Address, 340 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible], J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

No.

Board of Health, City of Baltimore,

Permit No. 35817

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Gertrude Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 16 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ballo City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} S. W. cor Eager & Wolfe Sts.

Cause of Death, First, (Primary.) Intussusception

Second, (Immediate,)

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, November 2d

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

H. H. White M. D.
Medical Attendant.

Address, 711 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Steinau

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 10 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} cor Mount & Fayette Sts.

Cause of Death, First, (Primary,) Typho-Malarial fever.

Second, (Immediate,)

Duration of last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 1 1879

Undertaker, Peter Kummert

Place of Business, 307 Lemmon

Louis Bo'Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Special Attention o...

Board of Health, City of Baltimore,

Permit No. 35819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct. 31. of 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Lee Cole

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Nine teen Years, — Months, — Days.

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and number.} Henderson's Court

Cause of Death, {First (Primary,) Injury of brain. Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, November 2nd 1879

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway

L. C. Ireland M. D.
Medical Attendant.

Address Coroners. 65 S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 35820

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Unknown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* One *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Found at Green Mt Cemetery.

Cause of Death, { First (Primary,) Unknown

Second (Immediate,) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, G. P. Cemetery

Date of Burial, October 31

Undertaker, Patrick Mullin

Place of Business,

W. B. Ireland M. D.
Medical Attendant.

Address Coroner E. D.

HEALTH DEPARTMENT NOV 1 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the ~~City of Baltimore~~, House 5 days

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 3 1879

Harvey Brown M. D.
Medical Attendant.

Undertaker, Saml Bowers

Place of Business, 58 Dugan Jr.

Address, 58 Mc Culloh Jr.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 141

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31 October 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* about 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Foundling Institution 10 days

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of last Sickness, Sick when received

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 3. 1879

Undertaker, David Brown Jr.

Place of Business, 156 Division St.

Martin Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimor...

Permit No. 35823

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 1 1879 BALTIMORE

Date of Death, October 31 1879 = 1140 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Schrup Schaub

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* 16 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 2482, Pratt St

Cause of Death First, (Primary,) Scarlatina Malignia

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurelville Baltimore Co.

Date of Burial, Nov 2nd

Undertaker, F. N. Troll

Place of Business F. N. Troll.

A. Lherter M. D.
Medical Attendant.

Address, High & Lanvan Lanvinan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, October 31st 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Waters

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 91 Randall

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus.

Duration of last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Sunday Nov 2 1879

Louis Ch. Horn *M. D.*
Medical Attendant.

Undertaker, J. B Cook

Place of Business, 707 W Balto St

Address, Cor Mulberry & Myrtle av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct Nov 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Burns

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 1 years

Place of Death, {Give street and number} Granby St

Cause of Death First, (Primary,) General Breakdown

Second, (Immediate,) Exhaustion

Duration of last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, November 2d 1879

Chas A Donnan M. D.
Medical Attendant.

Undertaker, James O Byrne

Place of Business, No 63 Fish Street *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ne Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 35826 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Dorsey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waterman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number} 12 S. Front St

Cause of Death { First, (Primary,) Heart disease

Second, (Immediate,) 3 mos.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, November 2nd 1879

Undertaker, James H Byrne

Place of Business, No 63 N Front St

I. N. Hoeck M. D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 35827

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel V. Eliza Kent

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* ~~—~~ *Months,* ~~—~~ 2 hours *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 196 South Howard St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 196 South Howard

Cause of Death, First, (Primary.) Premature Labor

Second, (Immediate,) Asphyxia Neonatorum

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Street Cemetery

Date of Burial, Nov 1st 1879

Undertaker, Jacob Davis

Place of Business, 103 Lee St

F. H. Wiley M. D.
Medical Attendant.

Address, 158 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 35828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 31, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily A. [redacted] Long.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, [redacted] 45 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Vermont

Duration of Residence in the City of Baltimore, One yr

Place of Death, {Give street and number} 291 E. Biddle St.

Cause of Death First, (Primary,) Hemoptysis

Second, (Immediate,) Phthisis

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Kingston Hanover St County Md

Date of Burial, Nov 2nd

Undertaker, Geo Schilling

Place of Business, 15th and Eyrau Address, 120 Pine Pratt St.

C. Ireland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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Transit - 1571

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 35829

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION DEPARTMENT NOV 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st; 1879; 1 10, o clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie ~~Mary~~ Catharine S. Wood

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Two *Years,* 8 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 202 S. Paca Street

Cause of Death, First (Primary,) Inflammatory Croup

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Nov 3rd

Undertaker, F. N. Troll

Place of Business, # 13 Hanover St

Wm. H. Elderdice M. D.

Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 35830

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 2:30 O'clock P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John F. S. Woods

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 4 *Years,* 7 *Months,* ——— *Days*

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 902 South Paca St.

Cause of Death, { First (Primary,) Inflam. Conj. & Catarrh of head / Second (Immediate,) }

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery.

Date of Burial, Nov 3rd "

Undertaker, J. N. Hill.

Place of Business, 131 Eutaw St. "

Chas McClendai M.D.
Medical Attendant.

Address, 156 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 35831

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward A Wells

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or~~ ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 110 Myrtle Ave

Cause of Death First, (Primary,) Brain Softening

Second, (Immediate,)

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 18th 1879 J G Keller M. D.

Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 N Liberty *Address,* 89 W Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 35833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct. 31 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hutchinson

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Silver Hill Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 5 Leland Alley C.S. [illegible]

Cause of Death, {First, (Primary.)

{Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, SHARP ST

Date of Burial, Nov 2 1879

Undertaker, Abraham Hamm

Place of Business, W. Balto St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention o

Board of Health, City of Baltimore,

Permit No. 35855

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Meads } Parents
Mary Meads }

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} Boulden al nar Baker St

Cause of Death, First (Primary,) ———
Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November the 2nd

Undertaker, Wm N Dingee

Place of Business, 10 Stockton Alley

Chas E Sadtler M. D.
Medical Attendant.

Address 624 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 35834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 November 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas Julia Collins

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Machanic's Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 13 Machanic's Ct

Cause of Death { First, (Primary,) ..... , Second, (Immediate,) Inflammation of Lungs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial November the 2nd 1879

Undertaker, Wm A Dungee

Place of Business, No Stockton Alley

B. F. Coyne M. D.
Medical Attendant.

Address, 134 N High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 35835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Bivans

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Sixty five *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomack Co. Virginia

Duration of Residence in the City of Baltimore, Eight "Years

Place of Death, {Give street and number} No 157 Yoke Street

Cause of Death { First, (Primary,) Chronic Pleurisy / Second, (Immediate,) Hydrothorax

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetary

Date of Burial, November the 2nd 1879

Undertaker, Wm H Younger

Place of Business, 10 Stockton Alley

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Oct 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Woodward Moore

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Male

Age, / *Years,* / *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 330 Vine St

Cause of Death — First, (Primary,) Membranous Croup —

Second, (Immediate,) "

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, November the 2nd

Undertaker, Wm N Dunger

Place of Business, 10 - Stockton All

W. G. Leguelin M. D.
Medical Attendant.

Address, N.W. Cor Fayette & Calhoun Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 35837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

Date of Death, November 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Bagley

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 125 N. Washington St

Cause of Death { First, (Primary.) ~~Cholera~~ Cholera Infantum
Second, (Immediate,) Gastritis

Duration of last Sickness, 14 Weeks —

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Co

Date of Burial, Nov 3d 1879

Undertaker, Henry Medders

Place of Business, Eastern Ave

J J Gross *M. D.*
Medical Attendant.

Address, 137 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of

Board of Health, City of Baltimore,

Permit No. 35838 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1879-

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosie Sauers-

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 98. Hanover St

Cause of Death, First (Primary,) Diphtheritic Croup-

Second (Immediate,) "

Duration of Last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Nov 3rd 1879 J. H. Martin *M. D.*

Medical Attendant.

Undertaker, Thrasher & Co

Place of Business, 23 Hanover St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Furbert

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Dredger

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Inebriety Delirium (Tremens & Kidney,
Second, (Immediate,) Apnoea
Duration of last Sickness, 6 wks

All the above information should be furnished by the Physician,

Place of Burial, E. B. Public Cemetery

Date of Burial, Nov 3d 1879

Undertaker, Pat Mullin

Place of Business, P. Park ave

David Buell M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

Date of Death, Nov 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Reardon

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} 27 S Fulton st,

Cause of Death First, (Primary,) Senile decay

Second, (Immediate,)

Duration of last Sickness, been in bad health a long time

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 4th 1879

Undertaker, Geo R Cook

Place of Business, 1707 W Baltimore Street

Geo C Le Comte M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Schmidt

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Nov 5

Undertaker, F B Cook

Place of Business, 707 W Baltimore *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Overby

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~~ *Years,* One *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Lombard St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1 N. Exeter St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, East Pub Cemty

Date of Burial, Nov 3 1879

Undertaker, Pat Mullin

Place of Business, E Park ave

M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by Geo E. Taylor

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington Irving Potter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 *Years,* 2 *Months,* 11 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 202 E. Eager St.

Cause of Death, First, (Primary,) Meningitis Tuberculor

Second, (Immediate,)

Duration of last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, November 3rd 1879

Undertaker, Wm H. Heitkamp

Place of Business, 1234 N. Gay St

H. H. White M. D.
Medical Attendant.

Address, 341 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Nov 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Cornelius

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ____ *Years,* 1 *Months,* 7 *Days.*

Color, ~~White~~

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } N. Wolfe St Bet Lafayette & Chase

Cause of Death, { First, (Primary,) Asphyxia Bronchitis / Second, (Immediate,) }

Duration of last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, November 3rd 1879

Undertaker, Wm. H. Dickerson

Place of Business, 237 N. Gay St.

W. W. Kite, M. D.
Medical Attendant.

Address, 341 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible], J. C. DUBLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

Date of Death, November 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brown

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and number} 95 Chestnut Alley

Cause of Death, First, (Primary,) Protracted & premature labor (8th mo.)

Second, (Immediate,) Hemorrhage from partially detached placenta

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Nov 3 1879

Undertaker, William Krueger

Place of Business, No 1286 Pratt Street

W W Lutine M. D.
Medical Attendant.

Address, 122 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 35846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. ~~Oct~~ 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas L. Cromwell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 months 6 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 27 State St Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 27 State St

Cause of Death, {First (Primary,) Premature birth

{Second (Immediate,) .....

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 2nd 1879

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 Druid Hill Ave

D. E. Warner M. D.
Medical Attendant.

Address 62 N. Green St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wagner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} St Josephs Hospital

Cause of Death First, (Primary,) Albuminuria

Second, (Immediate,) Asthenia

Duration of last Sickness, Over 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem

Date of Burial, Nov 3rd 79

Undertaker, M. Spence

Place of Business, 210 Hanover

Oscar J. Peters M. D.
Medical Attendant.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1 1879

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Fowler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Georgetown D. C.

Duration of Residence in the City of Baltimore, Thirty three years

Place of Death, {Give street and number} 45 N. Carrollton Ave

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, Twenty one Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 4

Undertaker, Wm. Fry & Bro.

Place of Business, Revolving & Forge *Address,* 538 W. Baltimore St.

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helena Jacob Gill (Parents

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 2 Portugal alley

Cause of Death, { First, (Primary,) Asthenia Infantile

Second, (Immediate,) all its life.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 3 1879

Undertaker, H. W. Gilmeyer

Place of Business,

M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1879 (Dannett)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Linville

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 235 W. Biddle Street

Cause of Death, First (Primary,) Typhoid or Enteric fever

Second (Immediate,) Contracted in county- Anaemia & Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Nov 4th 1879

Undertaker, J. S. & J. Byrne

Place of Business, 97 N. Liberty St

C. B. Gamble M. D.

Medical Attendant.

Address 108 Cathedral Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 35851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 3 1899 BALTIMORE

Date of Death, Nov 1. 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, Twenty Two *Years,* 11 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 108 Raborg Court

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, One & half years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 3rd

Undertaker, Owen Sievers

Place of Business, 225-'8-Eutaw

Chas. W. Watts M. D.
Medical Attendant.

Address, 306 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Papagno

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Richmond Va. Two Years Two months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N 216 N. Gay st

Cause of Death, {First (Primary,) Typho-Malarial Fever / Second (Immediate,)}

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 4th 1879

Undertaker, James B Byrne

Place of Business, No 63 N Front St

A. P. Gaw M. D.
Medical Attendant.

Address 133 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1st 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Parker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 14 yrs.

Place of Death, {Give street and number} Baltimore Infirmary

Cause of Death First, (Primary,) Hip joint Amputation for Injury

Second, (Immediate,) Pyaemia

Duration of last Sickness, 2 months since injury. 12 days since Operation

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, Nov 1 1879

Undertaker, J A Kerchner

Place of Business, 50 S Sharp St

Edmund C Rivers M. D.
Medical Attendant.

Address, Baltimore Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1879 1 Oclock P M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eliza Floyd

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5-3 *Years,* 0 *Months,* 0 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5-3 years

Place of Death, {Give street and number.} 77 Hillen St

Cause of Death, First (Primary,) Valvular Disease of heart

Second (Immediate,) causing Dropsy asthenia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3d 1879

T. E. Kirby *M. D.*
Medical Attendant.

Undertaker, Wm J Gray

Place of Business, Mulberry St between Park Ave & Howard St *Address* 24 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 66 Union St

Cause of Death, First, (Primary,)

Second, (Immediate,) Dropsy

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 3 1879

Undertaker, W. H. Boshen

Place of Business, Druid Hill Ave

~~Medical Attendant.~~ M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by E. Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1879 Nov 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Mullins

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 11 Mo

Place of Death, { Give street and number. } No 24 Parrish Al-

Cause of Death, First (Primary,) Inflamation of Brain

Second (Immediate,) Chronic Laryngitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Wm J. Carter M. D.

Medical Attendant.

Date of Burial, Nov 4

Undertaker, Wm M Leonard & Son

Place of Business, 782 West Baltimore St Address No 763 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22. November 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luise Wilder

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 11 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime.

Place of Death, {Give street and number} E. Durham Street 161

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate.)

Duration of last Sickness, 4. days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Nov. 24th

Undertaker, Henry Snyder

Place of Business, 232 Central Av.

William Henkel M. D.
Medical Attendant.

Address, E. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Dixon

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Nine *Years,* two *Months,* five *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, School

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 98 S. Henrietta St

Cause of Death {First, (Primary,) Diphtheria

{Second, (Immediate,) Meningitis

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 4

Undertaker, Hercules Ross

Place of Business, 95 Donnell St

[illegible] M. D.
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Hennessy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 23 Willow St.

Cause of Death First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cem.

Date of Burial, Nov 4th 1879

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Jackson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Seventy-three *Years,* *Months,* *Days.*

Color, Col'd.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Washer woman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 4 Rulch Alley

Cause of Death, { First, (Primary,) Acute Mania

Second, (Immediate,)

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 4th 1879

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

D. A. Queen M. D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. .....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3D 1875

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Locke

Sex, Male or ~~Female~~, {cross out the word not required in this line.} .....

Age, 16 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 290 A Ann St

Cause of Death, First, (Primary.) .....

Second, (Immediate,) Consumption

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Pr Alms

Date of Burial, Nov 4 1875

Undertaker, Mc Fran

Place of Business, 280 Eastern Av

James A Kemp M. D.

~~Medical Attendant.~~

Registrar

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Kidwell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* 8 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 391 Mark St

Cause of Death First, (Primary,)

Second, (Immediate,) Epithelioma of the Uterus

Duration of last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Conn

Date of Burial, Nov 4th 1879

Undertaker, Julius Koelle

Place of Business, Wash & Eden Sts

Address, 146 Eden

A. Sheridan Coale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov ~~October~~ 3rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Imanita Kent.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 21 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ann Arundel Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 143 Conway St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov 4th/79

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 152 Sharp St

R. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE. NOV 4 1879

CERTIFICATE OF DEATH.

Date of Death, Novbr 2d. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Griffith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annamundla Co Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 200 S. Fremont st

Cause of Death, 1. First (Primary,) Heart disease (Endocarditis) & Consumption

Second (Immediate,)

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cty

Date of Burial, Nov 4th 1879

E Gover Cox M. D.
Medical Attendant.

Undertaker, John Schucher

Place of Business, Rear 2 Camden st *Address* 289 W. Fayette st

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 35865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Milton Shreve

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 *Years,* / *Months,* / *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 6 N. Caroline Street

Cause of Death First, (Primary,) Chronic Croup

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, November 5th 1879

Undertaker, Henry Hoech

Place of Business, 309 Central Ave

James E. Kindle **M. D.**
Medical Attendant.

Address, 279 E. Fayette Street

Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 4 1879 BALTIMORE.

Date of Death, November 13th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philippina Jember

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* ~~Months,~~ ~~Days~~

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bohemia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} Cor of Shew and Dallas Sts

Cause of Death, {First (Primary,) 2 Burnt accidentily

{Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Center

Date of Burial, Nov 5, 1879

A Aranzohn M.D.
Medical Attendant.

Undertaker, J Henry Fleck

Place of Business, 209 Central Ave. *Address* 254 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 4 1879

CERTIFICATE OF DEATH.

Date of Death, November 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Ruehl

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 67 *Years,* 6 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cabinet Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years.

Place of Death, {Give street and number} 257 N Eden Street

Cause of Death, First, (Primary.) Cancer of the Stomach

Second, (Immediate,) Marasmus

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 6 1879

Undertaker, Henry Hoch

Place of Business, 109 Eastern Ave

Geo Schaum M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE. NOV 4. 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 3ro 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hoelthaus

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} Marshall st bet Hull & Herbert sts L.G. Residence Hull st near Fort av.

Cause of Death, First, (Primary,) Accidentally

Second, (Immediate,) Crushed in a Clay Bank

Duration of last Sickness, about 5 Min.

All the above information should be furnished by the Physician.

Place of Burial, Mt Melancholy Cemetery

Date of Burial, November 5th

R. C. Lee M. D.
Medical Examiner.

Undertaker, B. Hanlon

Place of Business, No 411 Light st

Address, N. W. cor Conway & Hanover sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back o[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 4 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Pendrick

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 15 Month ~~Years,~~ 15 ~~Months~~ Months ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 Months

Place of Death, {Give street and number} 187 Druid Hill Ave.

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,)

Duration of last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 5th 1879

W Riley M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 145 N Gay St *Address,* 47 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 35870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christiana Bennett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* ... *Months,* ... *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and number.} # 7 Mulberry St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) Fibroid Tumor

Duration of Last Sickness, About 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 4

Undertaker, Abraham Hayman

Place of Business, 13. Saratoga St

A. K. Raymond M. D.
Medical Attendant.

Address 349 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Allen Jane Allen

Sex, Male or Female, {cross out the word not required in this line.} Boy

Age, 1 day *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible] Maryland, [illegible]

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 63 Burgundy Alley

Cause of Death, First, (Primary,) Infantile [illegible] Atelectasis

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, Nov 4th 1879

Undertaker, J Davis

Place of Business, 104 [illegible]

John A Allen M. D.
~~Medical Attendant.~~

Register
Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Matthews

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B C

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 26 Williamson

Cause of Death, First, (Primary,) Enteritis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Pacomoke City

Date of Burial, Nov 4 79

Undertaker, Ambury & Sons

Place of Business, ... *Address,* 35 Light St

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transmitted 1572

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 2nd, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Cooper
colored

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, *Years,* Two *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No - 183 Mulberry St.

Cause of Death {First, (Primary,) Dentition
Second, (Immediate,) Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Nov 4th 1879

Undertaker, Wilson N Bruner

Place of Business, No 62 E Cross St

Jno H Henderson M. D.
Medical Attendant.

Address, 441 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geory W Taylor

Sex, Male or Female, { cross out the word not required in this line. }

Age, 20 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Barb. Layer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 20 Year

Place of Death, { Give street and number } 12 Boyd st

Cause of Death { First, (Primary,) The Say Consumption I did not
Second, (Immediate,) attend To him a Doctor

Duration of last Sickness, near a Year

All the above information should be furnished by the Physician.

Place of Burial, Shope St Cemetery

Date of Burial, Nov 24 1879

Undertaker, William Longe

Place of Business, No 62 East St

Saml Entrikin M. D.
Medical Attendant.

Address, 782 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Braemer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, Life yrs.

Place of Death, {Give street and number} 124 N. E. Baltimore, Bet. Hopkins & Wineship

Cause of Death {First, (Primary,) Acute

Second, (Immediate,) Three months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft. Hoffman Cem.

Date of Burial, Nov 5th 1879

Undertaker, R. Nelson

Place of Business, 124 E. Baltimore St. *Address,* Balto. Md.

G. G. Luck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Waters

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 16 274 Bank

Cause of Death, {First, (Primary,) Spasms

{Second, (Immediate,)

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 5th 1879

Undertaker, Henry Snyder

Place of Business, 252 Baltimore

M. D.
Medical Attendant.

Address, 274 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dickson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} /

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 239 Jefferson St.

Cause of Death { First, (Primary,) Inflammation of Lungs
Second, (Immediate,) Exhaustion

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 4th 1879

G. E. Luck, *M. D.*
Medical Attendant.

Undertaker, F. A. Bruce

Place of Business, 285 Jefferson St *Address,* Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 3rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dale.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore. About 30 Years.

Place of Death, {Give street and number.} 515 Saratoga St.

Cause of Death, First (Primary,) Old Age.

Second (Immediate,) Shock from a Fall.

Duration of Last Sickness, About One Month.

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, Nov 5 — 1879

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Batt St *Address* 530 N. Gilmor St

Walter Dale *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Weyler

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 27 S. Eutaw St.

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,)

Duration of last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loyd Street Cemetery

Date of Burial, Nov. 5

J. H. Jenkins M. D.
Medical Attendant.

Undertaker, L. Hollander & Son

Place of Business, 22 W. Pratt St. *Address,* 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Rhoden

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~None~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 162 Bank St

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Apnea

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 5th 1879

D W Cathell M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3588/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Ahern

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Chapel pl Orchard House

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas Church

Date of Burial, Dec 5th 1879

Undertaker, Thos. J. Parks

Place of Business, 73 Saratoga St

H. L. Haines *M. D.*
Medical Attendant.

Address, 1 Broadway E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 35882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Samuel Files

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} #189 S. Regester St.

Cause of Death, First, (Primary.) Scarlatina Anginosa

Second, (Immediate,) accompanied by Congestion of the Brain.

Duration of last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 6th 1879.

Undertaker, Leonhard Kurtz

Place of Business, S. Bond St. N. 277

John H. Rehberger M. D.
Medical Attendant.

Address, #243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 35883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. T. Files

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* 6 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 186 S. Regester St.

Cause of Death, First, (Primary,) Scarlatina Anginosa accompanied

Second, (Immediate,) by Congestion of Brain.

Duration of last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 6th 1879.

John H. Ribberger M. D.
Medical Attendant.

Undertaker, Leonhard Kurz

Place of Business, S. Broadway No 230

Address, 242 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Redding

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 37 N. Chapel St

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,) Consumption Bronchitis

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 5th 1879

Undertaker, Henry Beiss

Place of Business, 25th Aliceanna

James A. Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinstock

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Barton

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 141 Orleans St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Asphenia

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 7th 1879

A. E. Stein, *M. D.*
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette st *Address,* 195 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elworth Grayson

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Ramsey St near Mount no Numb

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Straiper St Cemet

Date of Burial, Nov 24 1879

R. K. Knaus M. D.
Medical Attendant.

Undertaker, P. Kummer

Place of Business, Mulberry

Address, 554 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Babetta Frank

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number} 105 Orleans St

Cause of Death, First, (Primary,) Bronchial Catarrh

Second, (Immediate,)

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Eden & Hebrew Cemetery

Date of Burial, Nov 6th 1879

C. B. Arnold *M. D.*
Medical Attendant.

Undertaker, Wm Edes

Place of Business, 101 Gough St *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., LAW PRINTERS AND BINDERS

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th November 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johann Gottlieb Henry Troide

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 65 *Years,* 6 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Cabinetmaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Carlshafen, Russia, Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give street and number } E. Broadway 78.

Cause of Death, { First, (Primary.) Cholämia, Fetenus' / Second, (Immediate,) Abscess

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Churchill

Date of Burial, Nov. 6th 1879.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

William Henkel M. D.
Medical Attendant.

Address, E. Wolfe & 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 35889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov: 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs E. L. Bigham

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, { Give street and number. } 285 Madison St

Cause of Death, { First (Primary,) Cancer of the Pancreas
Second (Immediate,) Exhaustion

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Chambersburg Pa

Date of Burial, Nov 6 /79

Undertaker, S. W. Jenkins & Son

Place of Business, 16 Light St

Address 146 Park Av:

W. T. Chisolm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Transcript 1573

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Opie Young

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 36 North Amity

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) 4 4

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 6 1879

Undertaker, P. Kennedy

Place of Business, Mulberry E

Thomas Opie M. D.
Medical Attendant.

Address, 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 35891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1879 BALTIMORE

Date of Death, Nov. 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9d *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112 Long Dock

Cause of Death, First (Primary,) Abscess of Liver

Second (Immediate,) Exhaustion

This was a case I saw from the Special Dispensary & all the particulars except the cause of death are unknown to me.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Nov 5th 1879

Undertaker, John B Jordan

Place of Business, No 68 Parkston

Jno G Harrison Jr. M. D.
Medical Attendant.

Address 69 Centre St:

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 35892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1879 BALTIMORE

Date of Death, Nov 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Joseph Biggs

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ... *Months,* 21 *Days.* 23

Color, ... *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bayview Asylum

Duration of Residence in the City of Baltimore, two days

Place of Death, {Give street and number.} cor. Druid Hill Av. & Townsend St

Cause of Death, {First (Primary,) ... Second (Immediate,) Marasmus.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, November 5th 1879

{*Undertaker,* Wm Weaver / *Place of Business,* No 202 N. Eutaw St} *Address* 31 Cathedral St

L. McLane Tiffany M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 35893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novbr 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Entler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* — *Months,* — *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 196 N Calhoun st

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,) Paralysis

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 6th 1879

E Goverlox M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw st *Address* 289 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimore,

Permit No. 35894

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Leuthold

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* 11 *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} 419 W. Balto St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 6th 1879

Undertaker, Geo S Shilling

Place of Business, Ashland Square *Address,* Corner of Eutaw & Lexington

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

(58894)

Certificate of Dea

Date of death	4 Nober 1879.
Name.	Charles Lenkuhl
Sex.	Male
Age	50 years 11 Months of ag
Color	White
Occupation	Watchmaker & Jeweler
Birth place	Hoya - Germany
Duration of Residence in City of Baltimore	30 years
Place of death	419 W. Baltimore
Cause of death	Apoplexia cerebra
Duration of last Sickness	3 days

E. Pape. M D.

Date of Burial Nov. 6th
Place of " Balto Cemetery
Undertaker Geo Schilling
Ashland - Square

See following Certificate

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 35895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1879 BALTIMORE

Date of Death, Nov 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Singleton

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Thirty-one (31) Years.

Place of Death, {Give street and number} S. W. Division and Mc Henry

Cause of Death { First, (Primary,) Phthisis Pulmonary / Second, (Immediate,) Dyspntae & Exhaustion

Duration of last Sickness, About three (3) Years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Nov 6 1879

Undertaker, D. Snyder

Place of Business, 12 N Balto St *Address,* 1 Broadway

G. L. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 858

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Hester Winder Nov 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Winder

Sex, Male or Female, {cross out the word not required in this line.}

Age, Middle aged Years, say 50 yrs. *Months,* *Days.*

Color, Col'd

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number} 11 Jenkins al

Cause of Death First, (Primary,) Fall on Saratoga st Hill.

Second, (Immediate,) probable fracture of Skull, & pressure upon the brain from hemorrhage - 4 Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 5 - 1879

H Winslow M. D.
Medical Attendant.

Undertaker, S V Chase

Place of Business, No 198 Broadway *Address,* 201 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. O'LANY & CO. CITY PRINTERS AND STATIONERS.

No. 3587

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Matthews

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.-}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 92 S Mutty St

Cause of Death, First, (Primary,) Diphtheritic Croup -

Second, (Immediate,) Pulmonal Congestion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp-Leadenhall

Date of Burial, Nov 5 1879

Undertaker, S M Chase

Place of Business, No 198 Harwood

J G Kelly M. D.
Medical Attendant.

Address, 84 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 5 1879

Date of Death, ~~Nov. 4th 1879~~ Nov. 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Garnett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West River Md.

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give street and number.} 45 Oxford St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Unknown

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 5th 1879

Undertaker, S H Chase

Place of Business, 198 Howard St *Address*

C. D. Thomson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35899

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Jefferson

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~ Years, ~~ Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ~~

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 362. E. Monument St.

Cause of Death, First, (Primary.) ~~

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 6th 1879 John A Ellis M. D.

Medical Examiner

Undertaker, L. L. Rossini

Place of Business, Orleans St. *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wiseman

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 859.

Board of Health, City of Baltimore,

Permit No. 35911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes L. Cockran

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* ~~3~~ 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 142 Hanover St.

Cause of Death {First, (Primary,) Diptheria

{Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cem. Dr.

Date of Burial, November 6

Undertaker, J. B. Harley. Theodore Cook M. D.

Medical Attendant.

Place of Business, 411 Light St. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3390

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Davis

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va —

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} Fort Av. below Johnson St

Cause of Death {First, (Primary,) Liver

Second, (Immediate,) Cancer of Stomach & Liver

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 6th

Dr. J. O. Harrington
Dr. J. N. Tall M. D.
Medical Attendant.

Undertaker, P. J. Carle

Place of Business, 4 11 Light St

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Glenn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 237 Columbia Ave

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Nov 7th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 279 W. Lombard St

Edw. F. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35902

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 4/79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Bates

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 29 Hudson st

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 5th 1879

Edward P. Mudrill *M. D.*
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front st *Address,* 137 N Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 1, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. O. Gee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* — *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Student

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Surry Co Va

Duration of Residence in the City of Baltimore, a few months

Place of Death, {Give street and number.} 110 ½ Forest Ave

Cause of Death, First (Primary,) Chronic Chicken

Second (Immediate,) Congestive Chills

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Surry Co Virginia

Date of Burial, Nov 6th 1879

A. Atkinson *M. D.*

" Medical Attendant.

Undertaker, Stewart & Brown

Place of Business, 85 Park Ave *Address* No 59 N. Charles St Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Trans 1878

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Ce...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 4, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augustus Howard

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, ——— *Years,* 6 *Months,* ——— *Days*

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, non

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 330 Raborg

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,) ———

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, Nov 5 1879

Undertaker, William N Dorsey

Place of Business, No 62 East

John Howard M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tilda Harris

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 203 N. Dallas Av

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 6th 4 Oclock

Undertaker, H. Smith Sons

Place of Business, No 261 E. Monument St.

D. E. Jansen M.D.
Medical Attendant.

Address, 220 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3390

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH NOV 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H. Dentral

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 241 N. Howard St

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, November 6th 1879

J. C. Buck *M. D.*
Medical Attendant.

Undertaker, William Weaver

Place of Business, 12 202 N Eutaw St *Address,* 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3390

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1879

CERTIFICATE OF DEATH.

Date of Death, November 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Max Lenau

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* —— *Months,* —— *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Piano — teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} N. 117 E. Biddle St.

Cause of Death, First, (Primary.) Tubercular Laringitis.

Second, (Immediate,) Pulmonary Phtisis.

Duration of last Sickness, 1/2 year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemy.

Date of Burial, Nov. 6. the 1879

Henry Salzer M. D.
Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address,* 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th November 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett Jordan

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 91 *Years,* *Months,* *Days.*

Color, Brown *Sex,* Female

~~*Married*~~, *Single,* ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 34 Richmond St.

Cause of Death, {First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 6th 1879

{*Undertaker,* A W Jenkins & Son

Place of Business, 16 Light St

Edward H. Pue M. D.
Medical Attendant.

Address Cor Gilmor & Lexington Sts and 45 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Lohmann

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} — — —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 172 Pierce St

Cause of Death, First, (Primary,) Pulmonary Edema

Second, (Immediate,) Asphyxia

Duration of last Sickness, about 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Nov 5th 1879 C. C. McDowell M. D.
Medical Attendant.

Undertaker, Peter Kenniff

Place of Business, 317 Eutaw (Herring) *Address,* 642 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Lee

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Nine *Years,* four *Months,* four *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.o

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 825 Mount St.

Cause of Death, First (Primary,) Albuminuria

Second (Immediate,) Scarlet fever

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Country

Date of Burial, Nov 7th / 79

Undertaker, J. H. Leonard & Son

Place of Business, 702 W. Baltimore St

Address 251 Mad Ave.

A. Hamilton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3591

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac L. Webster

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give street and number} 107 Bank

Cause of Death, First, (Primary,) Bright disease

Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Anarundel County

Date of Burial, Novem 6th 1879

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 63 S. Broadway Address, 63 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 35913

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie C Jones

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 365 E Lombard St.

Cause of Death, First, (Primary.) Cold

Second, (Immediate,) Consumption

Duration of last Sickness, 7 or 8 months

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Nov 7th 1879

Undertaker, Jenny & Mitchell

Place of Business, 68 S Broadway

Nicholas L Dashiell M. D.
Medical Attendant.

Address, 267 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Nov 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lindenmore

Sex, ~~Male~~ or *Female,* {Cross out the words not required in this line.} Female

Age, 34 *Years,* ____ *Months,* ____ *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, ____

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 39 Bank St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, Nov 6th 1879

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

J E Buchanan M.D.
Medical Attendant.

Address, 28 E Lonnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 35915

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Bailey

Sex, Male ~~or Female,~~ { cross out the word not required in this line. }

Age, ~~ Years, 1 Months, ~~ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 38 Vine St.

Cause of Death, First, (Primary,) Trial Institution (Autopsy)

Second, (Immediate,) Atrophy

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem'y

Date of Burial, Nov 6 1879

Undertaker, Evans & Sewell

Place of Business, S. Eutaw St.

Address, Comm of Health

H Eyster M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellenora Bing

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 120 Bergundale Alley

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician

Place of Burial, London Park

Date of Burial, Nov 7 1879

Undertaker, Ph. I. Dill

Place of Business, 183 Columbia Ave

J G Wamble M. D.
Medical Attendant.

Address 203 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th November 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James C. Brewer Jr & Wally

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 2 *Months,* *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md,

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 35 George Street Baltimore

Cause of Death, { First (Primary,) Pseudo membranous Croup
Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery C. A. Richardson M. D.

Date of Burial, Nov 6th 1879

Medical Attendant.

Undertaker, J B Cook

Place of Business, No 707 N Baltimore Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Annie Lessley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* 17 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 177 N. High St.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 82 E. High St.

Cause of Death { First, (Primary,) Scarlet Fever

Second, (Immediate,) Malignant

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 4 Nov 1879

Geo. H. Watson M. D.
Medical Attendant.

Undertaker, Fry & Son

Place of Business, 541 W Broadway *Address,* 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. .....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Petri

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 170 S. Eutaw th.

Cause of Death { First, (Primary,) Angina membranacea
Second, (Immediate,) Suffocation

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Salt Cemetery

Date of Burial, Tomorrow 10 o'clock Rec'd.

Undertaker, Jacob Mueller

Place of Business, 621 Lawrence St.

J. Mathieu M. D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 6 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6th 18[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Stang

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 73 Bank St.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial; Baltimore Cemetery

Date of Burial, 6 November

Undertaker, Michael Funk

Place of Business, 35 Bank St.

[illegible] M. D.
Medical Attendant.

Address, [illegible] Boulevard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35921

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph W. Kelly

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Foster's alley between Laiwal & Wolfe

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Nov 6 1879

Undertaker, Chas T Scriven

Place of Business, N. Eutaw

We he substituted M. D.
~~Medical Attendant,~~
by one Howe Dr
Address, Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Joseph Zimmerman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 2 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, from birth till death

Place of Death, {Give street and number} 60 South Appleton St

Cause of Death {First, (Primary,) Diphtheria

{Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Nov 7th 1879

{*Undertaker,* J. B. Cook

{*Place of Business,* W. Balto St

Wm H Grim M D & Wm Baker M. D.
Medical Attendant

Address, 185 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov^r 6^th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen D. McCracken

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 17 *Years,* 7 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 17. 7. 12.

Place of Death, {Give street and number.} 133 Maulsonny St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, Nov 7 79

Undertaker, Andony & Dent

Place of Business, No 263 Light St

R. C. Lee M.D.
Medical Attendant.

Address, Harrison & Baris Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Frank Ratican

~~Sex,~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Baltimore born

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} 153 ~~North~~ Bond Greenmount

Cause of Death First, (Primary,) Acute Inflamation

Second, (Immediate,) Pulmonary Congestion & ~~Exhaustion~~

Duration of last Sickness, about 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 6th 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address,*

Chas O'Donnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce[illegible]

Board of Health, City of Baltimore,

Permit No. 35925

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher L. Mouk

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, watchman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2. years

Place of Death, {Give street and number} 161 S. Broadway

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Heart affection

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemet

Date of Burial, Nov 6th 1879

Jam A Lem M. D.

Medical Attendant.

Undertaker, H. Sander

Place of Business, Aliceana St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman (97 4R.)

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenora Augusta Claus

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} Belair Ave,

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Broadway Bank 1879

A. F. Eisenbrandt M. D.
Medical Attendant.

Undertaker, Wendil Deppel

Place of Business, Broadway Bank *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 4th 1879, 10 1/2 M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Morris

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 16 Market Space

Cause of Death { First, (Primary,) Second, (Immediate,) Pneumonia

Duration of last Sickness, One day under treatment

All the above information should be furnished by the Physician.

Place of Burial, Bonnabra Cemetery

Date of Burial, 6 Nov 4 Oclock

A Hegewisher M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 Eutaw Street *Address,* 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Stephen Chambers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 years 4 *Years,* 11 *Months,* 25 *Days.*

Color, Copper *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saratoga St 466 Balto

Duration of Residence in the City of Baltimore, 2 years 11 Mon & 25 days

Place of Death, {Give street and number.} 152 Druid Hill Ave

Cause of Death, {First (Primary,) Scarlet Fever

{Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Shortt's Cemetery G Fotheringill M. D.

Date of Burial, Nov 6 Medical Attendant.

{*Undertaker,* James Chase Address 215 Druid Hill Ave

{*Place of Business* No 148 Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie King

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 159 S. Chester St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, one wk

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, November 7th 1879

Undertaker, H. H. Gilmore

Place of Business, 241 Eastern Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Power

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 19 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West River

Duration of Residence in the City of Baltimore, Seven yrs.

Place of Death, {Give street and number} Bayard Al 7

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 mths

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6" 1879

R. B. Morgan *M. D.*
Medical Attendant.

Undertaker, L. A. Kershner

Place of Business, Carrollton av *Address,* General Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Collins

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 195 Penna Ave

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Nov 7

Undertaker, C H Blizzard

Place of Business, 197 Penna ave

J H Miller M. D.
Medical Attendant.

Address, 89 Boone St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 3rd 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah E. Wilson

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* ..... 8 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 7 Peach Alley

Cause of Death { First, (Primary,) Congenital Syphilis

Second, (Immediate,) Convulsions.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaws St Cemetery

Date of Burial, Nov 7 1879

Undertaker, Jacob Davis

Place of Business, Lee St

J. H. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 6 BALTIMORE

Date of Death, Nov 5 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sweeney

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md - all her life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 19 Stockton Alley

Cause of Death, First, (Primary.) Acute ~~Chest~~ Pneumonia

Second, (Immediate,) Catarrhal Phthisis & Exhaustion

Duration of last Sickness, 1 year -

All the above information should be furnished by the Physician.

Place of Burial, St Patrick cemetery

Date of Burial, Nov 7th 1879

H Boyd Wylie M. D.
Medical Attendant.

Undertaker, Jos B Cook

Place of Business, 1502 W Baltimore Street *Address,* Townsend & Argyle ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

Date of Death, 5th day of November

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Sheck

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 35 Years, ... Months, ... Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York County Pennsylvania

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 255 South Broadway

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Intestinal Ulceration

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 7th day of November

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Avenue Address, Res 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Ellis Kares

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 2 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 203 N. Dallas St

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Emanuel

Date of Burial, Nov 7th 4 Clock

Undertaker, H. Schultheis

Place of Business, E. Monument St. 760

D. E. Jordan M.D.
Medical Attendant.

Address, 220 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harvey A Swann,

Sex, Male or Female, {Cross out the word not required in this line,} Male

Age, 1 *Years,* 4 *Months,* 10 *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 71 St Peter St.

Cause of Death, First (Primary,) Diphtheritic croup

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 7th 1879

Undertaker, Julius Koehler

Place of Business, Sharpe & Cross, 4th

H. W. Webber M. D.

Medical Attendant.

Address 320 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dan'l Gardner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Fisherman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 7 & Gough St Remained in bed Home previous to Death. Arrived in Balt from Home Same Day & Been Confined 48 Hours before Death.

Cause of Death, First, (Primary,) Taken Sick on Bay fifteen days before death

Second, (Immediate,) .....

Duration of last Sickness, fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Nov 8 1879

Undertaker, James P Byrne

Place of Business, No 63 So Front St

D W Battrell M. D.
Medical Attendant.

Address, 210 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Cox

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color,

Married

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number} 109 Jackson St

Cause of Death, First, (Primary,) Valvular Disease of Heart,

Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Philadelphia Pa.

Date of Burial,

Undertaker, J. F. Bennett & Co

Place of Business, 6 Aisquith St

David ... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Trans 1879

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly May Watts

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2. *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 130 Franklin St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 130 Franklin St

Cause of Death, First (Primary,)

Second (Immediate,) Membranous Croup.

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 6 79

Undertaker, Philipp F. Dice

Place of Business, 183 Columbia Av

A. A. White M. D.
Medical Attendant.

Address 125 Lanvallton Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hollander

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 22 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 147 S. Dallas

Cause of Death { First, (Primary,) Obstruction of Bowels
Second, (Immediate,) .....

Duration of last Sickness, Since Oct. 21st. 1879

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Nov. 8th

Undertaker, H. Frecklich

Place of Business, 246 East Ave

Samuel E. Donnelle M. D.
Medical Attendant.

Address, 996 Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV
7
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dolin F. Mansfield

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Errand boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundle co. Md.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number} 274 S. Broadway

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Anna-Arundel County

Date of Burial, Nov 8th

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Pritchard

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chestertown, Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 31 N. Stricker St

Cause of Death First, (Primary,) Consumption of Lungs

Second, (Immediate,) Hemorrhage

Duration of last Sickness, About 4 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Nov 8th 1879

Undertaker, John L Thacher

Place of Business, Park & Fayette

John J. Kinsley *M. D.*
Medical Attendant.

Address, 76 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (And how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 7th 1879

Undertaker, John Meaches

Place of Business, Park & Fayette

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas S. Wotten

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* 10 *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 24 South Eutaw St

Cause of Death, { First (Primary,) Entaric Fever
Second (Immediate,)

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Ridge Balto County

Date of Burial, November 7th 1879

Undertaker, John B. Blackiston & Son

Place of Business No 606 W. Balto St *Address* 53 S Sharp St

W. Stewart *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35945

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm N. Krauss.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 197 Conway St

Cause of Death { First, (Primary,) Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Confined to House about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 8th 1879

R. J. McTall M. D.
Medical Attendant.

Undertaker, Armstrong & Sons

Place of Business, 263 Light St. *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 1879 BALTIMORE

Date of Death, November 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Hagener

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Fifty-five *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 30 Guilford Alley

Cause of Death { First, (Primary,) Typhus Malarial Fever, with Uraemia
Second, (Immediate,) Anasarca Hydrothorax Hydropericardium following a three months attack of Int. Fever at Bush Point Calvert County

Duration of last Sickness, Under treatment 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Helens Cemetery

Date of Burial, Novemb 7

Undertaker, B Hurst

Place of Business, 411 Light St.

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H. Hinton

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, White

~~*Married,* Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 109 E. Madison

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 9th 1879

Thomas Shearer M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* W. & Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35948

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35948

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Finall

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 3 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 422 Front Block St

Cause of Death, First, (Primary,) Diph. Cerebritis Croup

Second, (Immediate,)

Duration of last Sickness, Thirty hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 8th 1879

Undertaker, Chas. A. Ponder

Place of Business, No 5-1 8½ W. Balto

H. A. Hill M. D.
Medical Attendant.

Address, 361 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 5[illegible]74

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Blackerly.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 14 Russell St.

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Phthisis Pulmonalis.

Duration of last Sickness, About 12 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 9 1879

R. J. N. Tall M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 204 Hanover *Address,* 157 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Loretta B. Kearney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} 69 N. Calvert St.

Cause of Death, First (Primary,) Compression of brain from birth labor

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 9th 1879

W W Kinsley M. D.
Medical Attendant.

Undertaker, Jno H. Weaver

Place of Business, 22 Fayette St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the ense comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35921

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Wilson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} B. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1 Hardenbergh

Cause of Death, First, (Primary,) Typhoid

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 1

Undertaker, Reuben Boyd

Place of Business, 95 Monument St *Address,* 36 Eutaw St

H. Ellis *M. D.*
Medical Attendant.

HEALTH DEPT NOV 1 1879 BALTIMORE MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33932

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 5/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Jones

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years~~, 14 *Months,* ~~Days~~.

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14 mos.

Place of Death, {Give street and number} No 1 Brown St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Four days Illness.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 6th

Undertaker, Hercules Ross

Place of Business, 95 Conway St

H. L. Grain *M. D.*
Medical Attendant.

Address, 37 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35953

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Lasch

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 535 N. Gay St.

Cause of Death, First, (Primary,) Organic Disease

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 9 1879

Aug. F. E. L. *M. D.*
Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 209 Central Ave *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Charles N. Bowie

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Thirty two *Years,* / *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.} Married

Occupation, Photographer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 67 N. Broadway

Cause of Death { First, (Primary,) Typho Malarial Fever
Second, (Immediate,) Consumption

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 9th 1879

Wm H Lundmen M. D.
Medical Attendant.

Undertaker, John Henry

Place of Business, 35 & Orleans St *Address,* No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 7th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Hunter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 3 *Months,* 5 *Days.*

Color, *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B C

Duration of Residence in the City of Baltimore, since 13 years

Place of Death, {Give street and number.} No 10 Carlton near Franklin

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 9 1879

Undertaker, S Wchase

Place of Business, No 198 Howard

J Harvey Hill *M. D.*
Medical Attendant.

Address 119 Edmonson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, October 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosetta Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 68 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's Co., Md

Duration of Residence in the City of Baltimore, 10 Yrs

Place of Death, {Give street and number.} No. 26 Winter St.

Cause of Death, First (Primary,) General Paralysis

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, October 14th 1879

Undertaker, J. T. Clam

Place of Business 158 Howard

Eugene F. Cordell M.D.
Medical Attendant.

Address 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No 4 This Came with New Cathedral Permit

No. 35958

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Turner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, One *Years,* Four *Months,* *Days.*

Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Jefferson No 40

Cause of Death, First, (Primary,) Pleurisy

Second, (Immediate,) Bronchitis

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 8th 1879

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Woodward & Locke

Place of Business, 12 Eutaw St *Address,* 124 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35958

The Physician who attended a[illegible]on in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other p[illegible] superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, u[illegible] penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 1 1899 BALTIMORE

Date of Death, Nov. 6 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Hicks

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 14 *Days.*

Color, Black

[illegible]d, Single, Widow or Widower, {Cross out the word not required in this line.} —

[illegible] none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 12 McCulloh St

Cause of Death First, (Primary.) Abscess on the Brain

Second, (Immediate.)

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 8th 1899

Undertaker Theodore Koch

Place of Business [illegible] *Address,* 13[illegible] Orleans St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novbr 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sadie Matilda Simpson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 2 *Months,* 22 *Days.*

Color, Negro *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penn St Nov 12 Cty

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 263 Raborg St

Cause of Death, First (Primary,) Dysthesia

Second (Immediate,) Pneumonia

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 7th 1879

Wm Cornell M. D.
Medical Attendant.

{*Undertaker,* Wm N Dreyer *Address* 498 W Fayette St
{*Place of Business,* No 62 East St

Duplicate Certificate has been issued Dec 2nd 1879

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schmelz

~~*Sex, Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 63 *Years,* 10 *Months,* *Days*

Color,

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and number.} 382 Lexington St.

Cause of Death, {First (Primary,) Chronic valv. mitral. Second (Immediate,) Paralysis cordis

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, November 9 1879

Undertaker, J. B. Cook

Place of Business, 707 N. Baltimore St

H. Tillmann M.D.
Medical Attendant.

Address, 137 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 35961

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7 / 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Bradley

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, W

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 63 yrs

Place of Death, { Give street and number } 76 S. High St

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Cancer Stomach

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Oct 8th 1879

Date of Burial, James P. Byrnes

J H Latham M. D.
Medical Attendant.

Undertaker, Balt Cemetery

Place of Business, N Front St *Address,* 72 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

Date of Death, November 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Jeffries

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 62 Cross St

Cause of Death First, (Primary,) Diarrhoea

Second, (Immediate,) Old Age

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 9th

A. McL. Bodine M. D.
Medical Attendant.

Undertaker, J. D. Mackey

Place of Business, 150 Lan[illegible] *Address,* 335 W. London

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35963

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Ann Ashton

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 216 Stirling St.

Cause of Death { First, (Primary,) Consumptive

Second, (Immediate,)

Duration of last Sickness, 7 Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 8 79

Undertaker, Wm H Hackman

Place of Business, No 234 [illegible]

E. B. Fenby M.D.
Medical Attendant.

Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35964.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1879 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cigar Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number} Jefferson & Caroline St. E. Cor

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ Greenly Cemetery

Date of Burial, Nov 9th 1879

Undertaker, Thos L Hughes

Place of Business, 60 E Baltimore *Address,* 99 E Pratt Street

Thos E Donnelly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 8 1879

CERTIFICATE OF DEATH.

Date of Death, November 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johona Bullinger

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Five *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 296 Bank St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Scarlet Fever

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov. 9 1879

Wm H Clendinen, M. D.
Medical Attendant.

Undertaker, Wm Evans

Place of Business, 280 Eastern Ave *Address,* No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Switzer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince Geo. Co

Duration of Residence in the City of Baltimore, Since 1872

Place of Death, {Give street and number} 188 So. Fremont.

Cause of Death, First, (Primary.) Excessive Obesity causing inability to

Second, (Immediate,) locomotion - producing a Chronic diarrhoea - She was found dead - not complaining sickness previously She has been unable to leave her room for 6 or 8 weeks - She

Duration of last Sickness, Say - died of age and fatty heart trouble - Her weight was over 225

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Nov. 9th

Undertaker, Wm J. McKnew

Place of Business, 65 S. Eutaw

W. J. McKnew M. D.
Medical Attendant.

Address, 33 No. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35967

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred. Kirchner

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 82 *Years,* / *Months,* 5 *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, boxmaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, { Give street and number } 12 Forsythe

Cause of Death, First, (Primary,) Bronchitis chron. with emphysema

Second, (Immediate,)

Duration of last Sickness, about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, November 9th 1879

Undertaker, Philip J. Dietz

Place of Business, 182 Columbia Av. *Address,* 92 S. Sharp St.

W. Albus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 7 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Kelly

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 36 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Roller

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number } 222 E. Pratt

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) ____

Duration of last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Abel Shalom | Cemetery

Date of Burial, Nov. 9th 1879 | H. Ernest Arnold M. D.
Medical Attendant.

Undertaker, Moses Langgood

Place of Business, 81 Gough St. | *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35969

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 35969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Leyhlein

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} 49 E Eager St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) 4 Hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 9th 1879

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, Geo C. Rodenmayer

Place of Business, 38 Essex St

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35970

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Carter

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Sixty Nine *Years,* *Months,* *Days.*

Color, Dark

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Minister of the Gospel

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number} No. 69 Eutaw St.

Cause of Death, First, (Primary.) Softening of the Brain

Second, (Immediate.) Hemiplegia - Right side -

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 9

Undertaker, Hercules Ross

Place of Business, 71 Lombard St

J. Tyler Smith M. D.
Medical Attendant.

Address, 231 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

Date of Death, 7 November

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Weidman

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Hersfeld – Hesse Cassel – Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} S. Thorp St 271

Cause of Death, First (Primary,) Atheromatous degeneration of blood vessels

Second (Immediate,) Oedema of lungs

Duration of Last Sickness, Judaism death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, 9 November 1879

Undertaker, Julius Kuehler

Place of Business, Cor Thorp & Cross

[illegible] Steinhauer, M. D.
Medical Attendant.

Address 224 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willard E. Morrow

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 4 *Years,* 10 *Months,* 16 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} # 17 Madeira Alley

Cause of Death, {First (Primary,) Croup or Membranous

{Second (Immediate,) apnoea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 9th 1879

{*Undertaker,* Dennis & Mitchell

{*Place of Business,* 65 S Broadway

J. H. Clawson. M.D.

Medical Attendant.

Address, 448 E Baltimore St City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 35973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Garrison Blake

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 55 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot co Md

Duration of Residence in the City of Baltimore, about 15 years

Place of Death, {Give street and number} in a Wagon on the street Res 19 High st

Cause of Death, First, (Primary,) Accidentally,

Second, (Immediate,) Killed by the fall of a derrick Building

Duration of last Sickness, about half hour

All the above information should be furnished by the Physician.

Place of Burial, Easton Md

Date of Burial, November 9th 1879

R. C. Lee M. D.
Medical Attendant.
Coroner M. D.

Undertaker, Wm L Dawson

Place of Business, 162 East

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans-1580

[OVER.]

No. 35974

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35974.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 7th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Parsons

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 164 Warner St.

Cause of Death { First, (Primary,) Scarlatina / Second, (Immediate,) Albuminia

Duration of last Sickness, 3 Wks.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Cem.

Date of Burial, Nov 9th 1879

Undertaker, Krantz & Dunn

Place of Business, 263 Ieff St

R J H Gall *M. D.*
Medical Attendant.

Address, 152 Shark

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35975

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Thursday Nov 6th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Dorbet

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } ~~Male~~

Age, 7 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married, Widow or Widower~~

Occupation, ~~—~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, { Give street and number } 105 E. Saratoga

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 7th

Abram Bandt M. D.
Medical Attendant.

Undertaker, Wendelin Diffel

Place of Business, S. Bond St. 151 *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35976

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rachael Wells

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 3 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} Phila. Road (City)

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov 9th 1879

Undertaker, A. Möhler

Place of Business, 244 E. Lombard St

E. P. Sons M.D.
Medical Attendant.

Address, 406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35977.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP'T NOV 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence May Shaffar

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 192 N. Wolf St.

Cause of Death, First (Primary,) Dentition.

Second (Immediate,) Convulsions.

Duration of Last Sickness, A week.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov 8th

L. C. Gordon M. D.
Medical Attendant.

Undertaker, Henry Saunders

Place of Business, 252 Canton Ave

Address 311 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 2nd 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Asher

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, 7 *Years,* 9 *Months,* 21 *Days*

Color, White.

~~Married, Single, Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation, Clerk Mason.

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Bavaria Germany 2 Years 2 Mos.

Duration of Residence in the City of Baltimore, 2 Years 2 Mos.

Place of Death, { Give street and number. } 30 Frederick Avenue

Cause of Death, { First (Primary,) Organic Valvular Disease of } { Second (Immediate,) the Heart, Dropsy as a Sequel }

Duration of Last Sickness, Ten Months.

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cem.

Date of Burial, Nov. 10th 1879

Undertaker, J. B. Cook

Place of Business, W. Baltimore St.

John A. R. Boyd M.D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 33979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT NOV 3 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Nov. 2. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Snooks

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Thirty seven *Years,* — *Months,* Six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Hod Mason

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Born in Balt City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 954 Pratt st Balto. Md.

Cause of Death, First, (Primary,) Exposure

Second, (Immediate,) Tuberculosis

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, 2 November 1879 Wm A Jones M. D.

Medical Attendant.

Undertaker, Jno Paulus

Place of Business, 61 Frederick Ave *Address,* 93 Fred'k. ave Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33980

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis W Wells

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 222 Lancaster

Cause of Death { First, (Primary,) Calcareous degeneration Arch of Aorta - sclerosis of Kidneys
Second, (Immediate,) Exhaustion - Apnoea - Paralysis of Heart

Duration of last Sickness, 12 to 14 mos.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 9th

Undertaker, J E Keough

Place of Business, 319 Lima *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 7/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tyson Young

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 36 N. Amity

Cause of Death, {First, (Primary,)} Diphtheria

{Second, (Immediate,)} "

...tion of last Sickness, Four days

...l the above information should be furnished by the Physician.

... of Burial, Louden

...f Burial, Nov 9

...dertaker, C. H. Blizzard

...ce of Business, 197 Penn

Thomas Opie M. D.
Medical Attendant.

Address, 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

...ECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...f the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...orth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...L. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Bayerer

HEALTH DEPARTMENT NOV 8 1879 BALTIMORE

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 50 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number} 30 Guilford Alley

Cause of Death { First, (Primary,) Typhus Malarial Fever

Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 9th 1879

Undertaker, B. Keate

Place of Business, Light St

Helen Hall M. D.
Medical Attendant.

Address, Southern Dispensary 77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35783

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 9 1879 BALTIMORE

Date of Death, Nov 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Rice

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, { Give street and number } Cor Hull & Monroe Sts

Cause of Death, First, (Primary,) Gastro-enteritis

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Co Md

Date of Burial, Nov 9 1879

R. E. Pegram M. D.

Medical Attendant.

Undertaker, Denny & Metcalfe

Place of Business, 8 Broadway *Address,* 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35984

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ Nov 8. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Brown

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 1 Yr *Years,* 2 *Months,* 12 *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 20 Bruce St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery L. C. Shinn M. D.

Medical Attendant.

Date of Burial, Oct 10

Undertaker, J B Cook

Place of Business, 707 West Balto St *Address* 41 N Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35985

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan McConnell

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 73 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 46 years

Place of Death, { Give street and number } 1917 Hopkins alley

Cause of Death, { First, (Primary,) Bronchitis / Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Oct 10

R. K. Neal M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 767 West Pratt *Address,* 534 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Barnett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 23 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 20 S. Gilmour St.

Cause of Death First, (Primary,) Valvular disease of the Heart

Second, (Immediate,)

Duration of last Sickness, 12 months

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Nov 10

Undertaker, J B Cook

Place of Business, 707 W Balto *Address,*

J J Knight M. D.
Medical Attendant.
Wit' Hospt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35987

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Berry

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Car Conductor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co.

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 296 Light St.

Cause of Death First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Nov 9th 1879

Newton Carter M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ellwood

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ____ *Days.*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 36 New Church St.

Cause of Death, First, (Primary,) Burn

Second, (Immediate,) Shock

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 9 1879

R. L. Burrell M. D.
Medical Attendant.

Undertaker, A. Wayman

Place of Business, Saratoga St

Address, 340 Park ave

B. C. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 33989

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 8. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Ferguson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 3 E. Madison St.

Cause of Death First, (Primary,) Catarrh (Gastric & Pulmonary)

Second, (Immediate,) & Lung Fever,

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 9. 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

G. Glanville Leek M. D.
Medical Attendant.

Address, Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph A Bauer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, One (1) *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 290 N Canal Street

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Pyaemia & Asphyxia

Duration of last Sickness, Six (6) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem'y

Date of Burial, Nov 10 1879

S. N. Elliott M. D.
Medical Attendant.

Undertaker, Henry Hoen

Place of Business, 304 Central Ave

Address, E Cor Caroline & Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 35991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Walker

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} on Spring 2197

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of Stomach

Duration of last Sickness, Five Years

All the above information should be furnished by the Physician.

Place of Burial, Leonardtown Md

Date of Burial, Nov 9 1879

E. G. Baldwin M. D.
Medical Attendant.

Undertaker, William Nelson

Place of Business, No 62 East St

Address, 124 on Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 7th - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Drinks

~~Sex,~~ *Male or ~~Female~~,* {cross out the word not required in this line.} Male

Age, One *Years,* 2 *Months,* ~~Days.~~

Color, White

~~*Married, Single, Widowed or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 144 Lancaster st

Cause of Death, First, (Primary,) –

Second, (Immediate,) Acute Meningitis

– 24 hours –

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Nov 9th

Undertaker, H. Fockler

Place of Business, 246 Eastern Av

Thomas P. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ... List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian M Jackson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 6 *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} West Pratt & Gilmor

Cause of Death, First (Primary,) Croup

Second (Immediate,) ...

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery.

Date of Burial, Nov 10th

J. S. Tull M. D.
Medical Attendant.

Undertaker, F. N. Groll

Place of Business, #131 Hanover St Address Pearl nor. Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35994

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35994

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Chas R Coombs

Sex, Male or Female, {cross out the word not required in this line.} male

Age, — *Years,* — *Months,* — 3 *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} S C Harrisburg Canal

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S C Harrisburg Canal

Cause of Death, First, (Primary.)

Second, (Immediate,)

Duration of last Sickness, The child only breathed once & then expired

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cem

Date of Burial, Nov 9th 1879

Undertaker, C R Coombs

Place of Business,

A F Hill M. D.
Medical Attendant.

Address, 20 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. G. PIERCE & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Phy... ...es on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th Nov. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Schwind (Schwiend)

Sex, Male ~~or Female~~, { ~~Cross out the word not~~ required in this line. }

Age, 55 *Years,* — *Months,* — *Days.*

Color, White *Sex,* male

Married, ~~Single, Widow or Widower~~, { ~~Cross out the words not~~ required in this line. }

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, { Give street and number. } 221 Monument St

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,) }

Duration of Last Sickness, 6 days / saw him on the Eighth day is a. Dr. Geiger read Ellis

All the above information should be furnished by the Physician.

Place of Burial, Weslen Cemetary R. W. Heltmeyer *M. D.*

Date of Burial, 10th Nov. 1879 Medical Attendant.

Undertaker, Henry Schaetzel

Place of Business, 266 E. Monument st. Address 120 Saint st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Phys... ...back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Ester Mitchell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 27 N. Gilmor St

Cause of Death, { First (Primary,) Cerebro Spinal Meningitis

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 10th 1879

Undertaker, F. L. Schaefer

Place of Business, 109 N Fremont St *Address*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 35997

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno G. Kalb

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 31 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Coal Miner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} Basin near Locust Point

Cause of Death, First, (Primary,) Accidentally

Second, (Immediate,) Drowned

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Ft Mc Henrys

Date of Burial, Nov 10th 79

Undertaker, Mc Manus

Place of Business, 230 Canton

R. C. Lee M. D.
Medical Attendant
Carow 3. D.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

No. 35998

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 8 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Jaynor Brunner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 88 *Years,* 3 *Months,* *Days.*

Color, W

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore, 75 yrs

Place of Death, {Give street and number} 87 Bolton "

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Pneumonia

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 10th 1879

J H Tolliver M. D.
Medical Attendant.

Undertaker, John S. Weaver & Co

Place of Business, #22 N. Gayette St. | *Address,* 23 Front

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 35999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 35999

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1879

CERTIFICATE OF DEATH.

Date of Death, November 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline S. McCulley

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 39 Henrietta St

Cause of Death { First, (Primary,) Diphtheria / Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 10th 1879

Undertaker, Henry N. Mears

Place of Business, 145 N. Gay St

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 10 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Stabacker

[illegible], Male or Female, {Cross out the words not required in this line.} Female

Age, 3 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 429 Cross st

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Oct. 10 1889.

Undertaker, F. Pohe.

Place of Business, 425 Cross street.

L. [illegible] M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

...pecially, having to the remarks below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

Permit No. 36001

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 10 1879 BALTIMORE

Date of Death, November 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Haughwite

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Seventy-six *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, Forty-five years

Place of Death, {Give street and number.} 9 Woodyear st

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Mitrals heart disease

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 10th 1879

Joseph F. Smith M. D.
Medical Attendant.

Undertaker, Chas [redacted]

Place of Business [redacted] st *Address* 253 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 26 his Certificate.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th Nov 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry John (John)

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number } Aged Mens Home

Cause of Death { First, (Primary,) Ascites - / Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 10th November 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

Geo H. Dyer M. D.
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36003

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Capt. Hicks Short

Sex, Male ~~or Female,~~ { cross out the word not required in this line. }

Age, 75 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Mariner

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Dorchester County Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number } 472 Aisquith St

Cause of Death { First, (Primary,) Remittent Fever / Second, (Immediate,) Typhoid "

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 11th

Undertaker, Henry Sander

Place of Business, 252 Lombard

Wm E Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36004

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36004

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10 th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Quinn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 336 McDonogh St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Laryngitis

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 11-79

Undertaker, Howard Sellman

Place of Business, 30 Park Ave

J. W. White M. D.
Medical Attendant.

Address, 711 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ny ... Death, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36005 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlie H. Magin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carrol Co Md

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 657 Pruna Ave

Cause of Death, First (Primary,) ... Second (Immediate,) Diphtheria

Duration of Last Sickness, 6 Wks

All the above information should be furnished by the Physician.

Place of Burial, Germ'n Luth'n Cemetry Germantown Carrol Co

Date of Burial, November 11th 1879.

Chas E Sadtler M. D.
Medical Attendant.

Undertaker, A. Heidemayer

Place of Business, 578 W. Baltimore St. *Address* 649 Pruna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Granted 1881

[OVER.

No. 36006

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday Nov 10th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archibald M. Clayton

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 20 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 12 N. Front St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Uraemia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 10 '79

Undertaker, Jas P. Byrne

Place of Business, Front St

J. S. Mitchell M. D.
Medical Attendant.

Address, J. S. Mitchell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Eney

Sex, Male or Female, {Cross out the words not required in this line.} .....

Age, ... *Years*, ... *Months*, ... *Days*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} .....

Cause of Death, {First (Primary,) .....
Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Nov 10 - 79

Undertaker, Lemmy & Mitchell

Place of Business, 536 W Fayette St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 36008

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of [illegible] back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dooley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 19 *Years,* 11 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 115 E. Madison St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Nov. 11th 1894

W. H. Hill M. D.
Medical Attendant.

Undertaker, Wm. H. Heckman

Place of Business, 234 N. Gay St. *Address,* 361 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Howard Wheal-

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 9. Thompson St

Cause of Death, First (Primary,) Croup Pseudo membrane

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Nov. 10th 1879

Undertaker, Wm H. Hickman

Place of Business, 234 N. Ja. St.

E. Hall Pultidge M. D.
Medical Attendant.

Address 157. Lisguick St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 36010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36010 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M Glotten

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} (Mother)

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 120 S. Dallas St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Nov 10 1879

Undertaker, P. Mueller

Place of Business, E. Park Ave

James A Adams M. D.

~~Medical Attendant.~~

Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno. Kloenstueck

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 29 E. Arlington Ave

Cause of Death, { First (Primary,) Congestion of Brain / Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet P. T. Benson M. D.

Date of Burial, Nov 11 1879 Medical Attendant.

Undertaker, P Kemmerer

Place of Business, 317 Mulberry St Address 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 36012

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36012

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis A. Brittaker

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 57 Caroline bet. E. & St.

Cause of Death, { First, (Primary,) Convulsions

{ Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, November 11th 1879

James F. Shaw *M. D.*
Medical Attendant.

Undertaker, H. M. Gibmeyer

Place of Business, 520 Eutaw

Address, 57 Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 36013

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPAR... NOV 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th November 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerhard H Imhoff

Sex, Male or Female, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number} 262 Montgomery

Cause of Death, {First, (Primary.) Phthisis Pulmonalis

{Second, (Immediate.)

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 10 th

Undertaker, Thomas Boiles

Place of Business, Hennetta St 81

J H W Webster M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Ricketts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty Eighth *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore MD

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} — Lafayette ave (near Stricker 8[illegible]

Cause of Death, First (Primary,) debility

Second (Immediate,) Apoplexy

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 11 Nov 79

Jno L. Caldwell M. D.
Medical Attendant.

Undertaker, Jno E Hough

Place of Business, 319½ Penna ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 36015

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Kunkle

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Cor. Gough & Chapelland Sts.

Cause of Death, { First, (Primary,) Spasms

Second, (Immediate,)

Duration of last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 11th

Undertaker, John Mooney

Place of Business, 382 Orleans St.

M. D.
Medical Attendant.

Address, 1 H Block

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ....

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE NOV 11 1879

Date of Death, November 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George J. F. Rush

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 16 Heath St

Cause of Death {First, (Primary,) Second, (Immediate,)} Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, November 11. Theodore Cotta M. D.

Medical Attendant.

Undertaker, J. B. Healy

Place of Business, 411 Lig't St. *Residence,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Knight

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 55 1/2 E. Lombard st.

Cause of Death {First, (Primary,) Intestinal Catarrh

Second, (Immediate,) & Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Mass

Date of Burial, Nov 11th 1879

Undertaker, Edwd T. Scriven

Place of Business, 271 N Eutaw st

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Md. st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36018

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Collison

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 61 *Years,* 9 *Months,* 18 *Days.*

~~Color~~,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Mary's Co. Md.

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} N. Ann St near Monument

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,)

Duration of last Sickness, Unknown attended by Dr Clendennen

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 11th

Undertaker, Fry & Fry

Place of Business, 534 Broadway *Address,* 534 E. Broadway

J. J. White M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry McBride

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland County Tyrone 28 years in US

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 191 Preston St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pleurisy

Duration of last Sickness, Many years - sick of Pleurisy 2 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Nov 12th 1879

Undertaker, Geo Sloan

Place of Business, 111 Pennsylvania Ave

C McMinslow M. D.
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anne Malone

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Centuries~~ 65 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Co. Clare, Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 45 Woodyear St

Cause of Death, First (Primary,) Senile decay; death hastened by inability

Second (Immediate,) to take food in consequence of Scirrhus of

Duration of Last Sickness, Concentrated bye some days before. She had been in her decline for 5 years.

All the above information should be furnished by the Physician.

Place of Burial, Green, Baltimore City

Date of Burial, Nov 12th, 1879,

Undertaker, Geo. Saffran

Place of Business, 121 Pratt Street,

Wm. W. Murray M. D.
Medical Attendant.

Address 308 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Nicholls

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 78 *Years,* — *Months,* 1 *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Rockville Montgomery Co. Md.

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number.} Nr 186 Argyle Av.

Cause of Death, First (Primary,) —

Second (Immediate,) Old age

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, Balti Cemetary

Date of Burial, Nov 11 1879

Undertaker, Thos & Bro

Place of Business, 561 Fayette St

Pembroke W. Hamble M.D.
Medical Attendant.

Address, Nr 263 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph P Bryan

~~Sex,~~ *Male or* ~~*Female*~~, {cross out the word not required in this line.}

Age, 27 *Years,* 7 *Months,* 15 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 697 W Fayette St

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 3 years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 12th Nov. 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st.

Chas O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of Physicians is respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus Henry Kilty

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 72 *Years,* ... *Months,* ... *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Rear admiral U.S. navy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 208 Maryland Ave

Cause of Death, First (Primary,) Infirmities of age - Hypertrophy of heart

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 13th Nov. 1879.

Richard McSherry M. D.
Medical Attendant.

{*Undertaker,* Henry W. Jenkins & Son *Address* 189 W Baltimore
{*Place of Business,* 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Armstrong

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 4 *Months,* 6 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Snow Hill - Md.

Duration of Residence in the City of Baltimore, 10 yrs - about.

Place of Death, {Give street and number.} 61 Jenkins Al.

Cause of Death, {First (Primary,) Tuberculosis Pulmon. Second (Immediate,) Asthenia

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 11 1879

Undertaker, S. H. Chase

Place of Business, No 198 S Howard St *Address* 248 N. Eutaw St.

W. E. Moseley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Stewart

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 77 *Years,* 1 *Months,* 3 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, Since her 23rd year

Place of Death, {Give street and number} 452 N. Freemont St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Pleurisy

Duration of last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 11

Emma C. Green M. D.
Medical Attendant.

Undertaker, C. H. Rippard

Place of Business, 197 [illegible] ave

Address, 183 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen F Benj F & Watts (Parents)

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 344 Ramsay St

Cause of Death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 12 1879

Thos F Hunt M. D.

~~Method Investigation.~~

Undertaker, S. McLeonard

Place of Business, 60 W Balto St

Address, Comm of Health & Keyser bros

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Ordered by Dr. J. A. S.

[OVER.]

No.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Edward French

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~~~ *Years,* 14 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 244 Penna Ave

Cause of Death, First, (Primary) Gastro-enteritis

Second, (Immediate,) .....

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Nov 12

Undertaker, J J Chalmers

Place of Business, 160 Penn Ave *Address,* 89 N Greene St

Can Co

J J Keller M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 36028 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Friedericke Fink

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 54 *Years,* 9 *Months,* 15 *Days.*

~~Color,~~ *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria. Germany

Duration of Residence in the City of Baltimore, Front, 28 Years

Place of Death, {Give street and number.} Pratt Street N. 249.

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Cancer of Stomach

Duration of Last Sickness, about 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 13th Nov.

Jos. E. Blagett M. D.
Medical Attendant.

Undertaker, W. Seward

Place of Business, 35 S. Eutaw St. *Address* 18 South Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia. Courdes

Sex, Male or Female, {cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifeline

Place of Death, {Give street and number} No 4 2d alley

Cause of Death { First, (Primary,) Scarlet fever

, { Second, (Immediate,) 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 12

{ *Undertaker,* Fry & Bro

{ *Place of Business,* 57 N Broadway

B. F. Coyner *M. D.*
Medical Attendant.

Address, 134 N High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia ~~A~~ Williams Ecoyer

Sex, Male or Female, {Cross out the word not required in this line.} Male (Parents

Age, ... *Years,* ..... *Months,* ..... 3 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——— ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 5. Columbia Av

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) " "

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Harmonia Cemetery John A Pennington M. D.

Date of Burial, Nov 12 1879 Medical Attendant.

Undertaker, Wm Ecoyer

Place of Business, 5 Columbia Address 98 N Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 36031

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Samuel Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert Co

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number.} 7. Pine St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Nov 12th 1879

Undertaker, Wm. N. Dunger

Place of Business, No 62 East St

J. D. Dykstra *M. D.*
Medical Attendant.

Address 217 Pine St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 9, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edmund Stevenson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, One (1) *Years,* Seven *Months,* Twenty *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 445 Druid Hill Ave

Cause of Death, { First (Primary,) Spinal

Second (Immediate,) Meningitis

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Catons Villa Cemetery

Date of Burial, Nov 12th 1879

J. C. Shriver *M. D.*
Medical Attendant.

{ *Undertaker,* Wm N. Dunger
{ *Place of Business,* No 62 East St *Address* 41 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 11 1879

Date of Death, November 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heister Ann Scott

Sex, ~~*Male*~~ / *Female,* {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, (Colored)

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co, Md

Duration of Residence in the City of Baltimore, 20 years -

Place of Death, {Give street and number} Globe's Court

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Asthenia

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 11th 1879

Undertaker, West Lounger

Place of Business, 1062 East ave

Daniel Powell *M. D.*
Medical Attendant.

Address, No 29 Lisburn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellena Sunnfield Mathews.

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } female

Age, 9 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } 148 Mulberry St

Cause of Death, First (Primary,) Tonsilitis with Sup

Second (Immediate,) Debility

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Mount olivet Cemetary

Date of Burial, November 12th 1879

J. R. Adler *M. D.*
Medical Attendant.

Undertaker, J. Schultheis

Place of Business, 157½ Mulberry St *Address* 234 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 30

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Landauer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 46 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 245 Alice Anna St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) ____

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Paul Reform Ch

Date of Burial, 13 Novem 1879

John H. Rehberger M. D.
Medical Attendant.

Undertaker, John C. Schuck

Place of Business, 261 Aliceanna

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 5

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Harmon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 220 E Pratt St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Diphtheria

Duration of last Sickness, 5 (five) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 13 1879

Undertaker, Henry Hoch

Place of Business, 26 E Baltimore St

Jno L Dibuce M. D.
Medical Attendant.

Address, 220 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 36037

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Kenard

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number} 15 Wesley Alley

Cause of Death { First, (Primary,) Puerperal Convulsions
Second, (Immediate,) Asthenia

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 12 1879

Undertaker, S M Chase

Place of Business, No 198 Howard St

E. S. Boze M. D.
Medical Attendant.

Address, 206 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 36038

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 12 1879 BALTIMORE

Date of Death, November 10, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Rogers

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} [illegible]

Age, 73 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} [illegible]

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Durbin St, near Olivia Street

Cause of Death, First, (Primary.) Debility

Second, (Immediate.) Heart & Typhoid Fever

Duration of last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, November 12th 1879

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

J. J. White M. D.
Medical Attendant.

Address, 321 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 36039

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. P. Carroll

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dublin — Ireland

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Chronic Dysentery

Second, (Immediate,) Asthenia

Duration of last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Nov 12 1879

Undertaker, Jas. F. Byrnes

Place of Business, 39 Liberty St

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36040.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Basil Gross

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, 24 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the words not required in this line. } Unknown

Occupation, None

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Unknown

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and number. } Maryland Penitentiary

Cause of Death, { First (Primary,) Hypertrophy of Heart

Second (Immediate,) Phthisis Pulmonalis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 12. 1879

Undertaker, John C. Jones

Place of Business, 112 E. Pratt St.

Jno. Burke Bayle M. D.

Medical Attendant.

Address, 116 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36041

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Henry W B Simmons

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 7 *Years,* 9 *Months,* 9 *Days.*

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, { Give street and number. } 181 E Monument st

Cause of Death, First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, 13 Nov 1 Oclock PM

C. F. Mahon M. D.
Medical Attendant.

Undertaker, George C Rodenmayer *Address* 138 N. Eutaw st

Place of Business, 38 Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 12 1899 BALTIMORE

Date of Death, November 10th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Little

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} London, England

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 275 E. Monument St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) ____

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov. 12, 1899

A. C. Wain, M. D.
Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway *Address,* 193 N. Eden St.

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 12 1879 BALTIMORE

Date of Death, 12 M. Nov 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Shuck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 7 *Months,* 23 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the wor ls not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 907 W. Pratt St.

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Dropsy of Heart.

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 13th 1879

Undertaker, D. Weigand

Place of Business, 166 Druid Hill Ave

H. H. Webner M. D.

Medical Attendant.

Address 320 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Blake

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Two *Years,* 6 *Months,* 0 *Days.*

Color, Dark Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number} No 10 Greenwillow Court

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Affection of the Brain

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 13th 1879

Undertaker, White & Bailey

Place of Business, the 101 Orchard st & 35 Brady st.

B F Bohner M. D.
Medical Attendant.

Address, Cor Dolphin & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Robinson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 27 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md

Duration of Residence in the City of Baltimore, Transient "

Place of Death, {Give street and number} Light St. Ext. Pownall's Hanbury 86

Cause of Death, First, (Primary,) Killed by Geo. Trust.

Second, (Immediate,) Pistol Shot in the Brain

Duration of last Sickness, Instanter

All the above information should be furnished by the Physician.

Place of Burial, Waterbury A. A. Co. Md

Date of Burial, Nov. 12th 1879

Undertaker, Friends

Place of Business, A. A. Co. Md

R. C. Lee M. D.
Medical Attendant.
Coroner S. D.

Address, Hanover & Baltimore 86

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. ____

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Institution 5 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) ____

Duration of last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Nov 12 1879

Undertaker, David Brown

Place of Business, 156 Division St.

Marburg Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 36047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 Nov. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 8 months 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, since birth 10 days

Place of Death, { Give street and number } St. Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) ____

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Prince Brae

Date of Burial, Nov 12 1879

Anthony Brewer *M. D.*
Medical Attendant.

Undertaker, Daniel Brewer

Place of Business, 158 Division St. *Address,* 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Robka

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* Four *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 51 Madeira Alley

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Exhaustion

Duration of last Sickness, about four weeks (was not my patient. W.)

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov 13th 1879.

L O Wittenmilz M. D.
Medical Attendant.

Undertaker, L. Ritz

Place of Business, No. 129 & 8 Broadway *Address,* 12 S. Eden str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No. 36

Board of Health, City of Baltimore,

Permit No. 36049

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. & David Cook

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 21 *Days.* (Parents)

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 37 N. Mc Elderry St. (Ex't

Cause of Death, First, (Primary,) Very delicate & Feble at Birth

Second, (Immediate,) Convulsions

Duration of last Sickness, all ye Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemet'y

Date of Burial, Nov 12 "1879

Undertaker, Geo T. Jones

Place of Business, 110 S. Bethel St.

Thos A Stems M. D.

~~Medical Association.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by E. Newman M.D.

Board of Health, City of Baltimore,

Permit No. 36057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

Date of Death, November 12th. 1879; 10 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah S. Woods

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, ——— *Years,* 2 *Months,* 24 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No. 602 S Paca St.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 602, S Paca St.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Five (5) days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 13th

Undertaker, F. N. Ifrill

Place of Business,

Wm H Eldridge M. D.
Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 36057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

Date of Death, Nov 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Quigley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, *Years,* *Months,* 2 four Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 434 Central Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 434 Central Ave

Cause of Death { First, (Primary,) Unknown - supposed to be , Second, (Immediate,) collapse of lungs

Duration of last Sickness, -

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Nov 13 1879

Undertaker, James P Byrne

Place of Business. No 63 n Front St

Wm. B. Billingslea M. D.
Medical Attendant.

Address, Harford Ave & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1879.

NOV 13 1879 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt L. Lee

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Two *Years,* three *Months,* Seven *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 30 S. Gilmore St.

Cause of Death First, (Primary,) Malignant Scarlet Fever "

Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 13th 1879

Undertaker, Alex B Cook

Place of Business, No 707 W Baltimore Street *Address,* 584 W. Fayette St

D. E. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 36053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novbr 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Hildebrandt

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and number } 680 Saratoga St

Cause of Death, First, (Primary,) Vesicular Erysipelas

Second, (Immediate,) Asphyxia

Duration of last Sickness, Indefinite Period

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Nov 13th 1879

Undertaker, Jas B. Cook

Place of Business, No. 707 W. Baltimore Street

S. H. Selden M. D.
Medical Attendant.

Address, 101 East Lexington Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

Date of Death, November 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Pierce

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, About 29 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 53 Dewberry Alley

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) " "

Duration of last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 13th 1879

Undertaker, G B Cook

Place of Business, No 707 N Baltimore Street

W. Keyser M. D.
Medical Attendant.

Address, 1 W Lafayette Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Schauer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Maried

Occupation, Hotel Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 7 St Paul St

Cause of Death { First, (Primary,) valvular disease of the heart
Second, (Immediate,) Dropsy

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cy.

Date of Burial, Nov 16

Undertaker, Chas A Maurer

Place of Business, 36 Paca St *Address,*

J. J Knight *M. D.*
Medical Attendant.

NOV 13 1879

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore

Permit No. 36056

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

Date of Death, November 12th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Vernon McCreery

Sex, Male or Female, {cross out the word not required in this line.}

Age, Eight *Years,* Five *Months,* Ten *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 457 W Lombard St.

Cause of Death {First, (Primary,) "Typhoid Fever"
Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Nov 13th 1879

Undertaker, J. C. Beatty

Place of Business, 1707 E Baltimore street

R. L. Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore

Permit No. 36057

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

Date of Death, November 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Buckley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Steam Fitter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wheeling, Virginia.

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give street and number} 34 Bond St

Cause of Death, {First, (Primary,) Pulmonary Tuberculosis & Gangrene

Second, (Immediate,)

Duration of last Sickness, Abt one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 16th 1879

Undertaker, John Lake

Place of Business, 161 E Balt St

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimo

Permit No. 36058

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Pollitt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 14 Yrs.

Place of Death, {Give street and number} 25 Cross St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 13

Undertaker, Hercules Ross

Place of Business, 95 Donnay St *Address,* 215 Lemmon St

R. H. P. Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 36059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1879 REGISTRAR

Date of Death, Nov. 12th 1879,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie R. Commith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 7 *Days.*

Color, Mulatto.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 253 Hughes St.

Cause of Death First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of last Sickness, About one Month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 13

Undertaker, Hercules S. Ross

Place of Business, 95 Conway St. *Address,* Southern Dispensary

Julius Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

Date of Death, Nov. 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philopena Steinmann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House Wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 yrs.

Place of Death, {Give street and number.} 119 W. Biddle St.

Cause of Death, First (Primary,) Organic disease of heart

Second (Immediate,) Effusion on Brain & Shock

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 14th 1879

Undertaker, Chas T Scriven

Place of Business, 211 N Eutaw St

J. D. Thomson M. D.
Medical Attendant.

Address 189 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11 November 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ina Cosparri

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 3 *Years,* 7 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Argyle Avenue 292

Cause of Death, First (Primary,) Diphtheritic croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 13 November 1879

Undertaker, C. H. Blizzard

Place of Business, Penn Avenue

L. L. Reinhard M. D.
Medical Attendant.

Address, 224 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 36[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36062.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Huhn

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, Forty three *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Restaurant Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and number} 122 Green Mount Avenue

Cause of Death, First, (Primary,) Cold, (Severe.)

Second, (Immediate,) Pneumonia

Duration of last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetary

Date of Burial, November 14th 79

Undertaker, Race & Bartell

Place of Business, 64 & 72 W. Balt. St.

Milton N. Taylor M. D.
Medical Attendant.

Address, N. W. Corner Broadway & McElderry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36063,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Clinton Wright

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 3 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anne's Co. Md

Duration of Residence in the City of Baltimore, abt 40 yrs.

Place of Death, {Give street and number.} 143 Lancaster

Cause of Death, First (Primary,) Pleuro-pneumonia

Second (Immediate,) pleural effusion with asphyxia and Cardiac asthenia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 14th Sept 1879

Undertaker, H W Lockwood & Son

Place of Business, 46 Light St

S. G. Chew M. D.
Medical Attendant.

Address 141 Lancaster

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 360

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1879

Date of Death, November 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margret McClain

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 79 *Years,* 7 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number} 257 E. Madison

Cause of Death, First, (Primary.) ———

Second, (Immediate,) Cerebral Hemorrhage

Duration of last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 14/79

G. Taylor M. D.
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 574 Broadway *Address,* 210 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Sprague,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number} 25 S. Broadway

Cause of Death { First, (Primary,) Infantile Remittent Fever
Second, (Immediate,) Intestinal Catarrh,

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 14 /79

Undertaker, Fry & Bro

Place of Business, 24 So. Broadway

G. G. Rusk M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3606[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Anne Cox

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 83 *Years,* —— *Months,* —— *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England -

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} N: 234 Hanover St.

Cause of Death, First, (Primary,) old age.

Second, (Immediate,) Kidney & Heart - affections

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Lauderpark Cem.

Date of Burial, Nov 14th 1879

Henry Sayer M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharpe Cross *Address,* 165 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 13th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie S Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Col'd *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 16 Sarah Ann st

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,) "

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 13th 1879

Undertaker, Wm A Bishop Jr.

Place of Business, 97 Druid Hill Ave.

John S Pennington M. D.
Medical Attendant.

Address 96 N Green st.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 360[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 11, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles H. Tyler

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, [illegible] *Years,* 6 *Months,* *Days.*

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 75 Campbell al

Cause of Death, { First, (Primary,) Gastro Enteritis. Second, (Immediate,) Convulsions.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Nov 13 1879

Undertaker, David Stafford

Place of Business, 4 Jordan alley *Address,* 307 Madison Av.

H. H. Burns M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

Date of Death, November 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Young

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* Five *Months,* Five *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} No. 70 South Stricker St.

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) Apnoea

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cemetery

Date of Burial, Nov 14th 1879

J. Ridgely Hammond M. D.
Medical Attendant.

Undertaker, H. B. Cook

Place of Business, 1670 W. Baltimore Street

Address N.E. Cor. Calhoun & Hollins Sts. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 0[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

Date of Death, Nov 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Joseph Jennings

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 16 *Years,* 3 *Months,* 14 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Messenger Boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Lafayette St 24

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 14 1879

R. B. Morrison M. D.
Medical Attendant.

Undertaker, C. B. Hoard

Place of Business, 417 E. Lombard St. *Address,* 156 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 12, 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Georgianna Zane

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 51 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 62 S. High St.

Cause of Death, { First (Primary,) } { Second (Immediate,) } Ovarian Tumor

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery W. L. Howard *M. D.*

Date of Burial, Novem 15th 1879 Medical Attendant.

{ *Undertaker,* Denny & Mitchell *Address* - 181 Madison Av
{ *Place of Business,* 65 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Davey

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 93 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 3 S Exeter

Cause of Death { First, (Primary,) Old Age
Second, (Immediate,)

Duration of last Sickness, Declining 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 14th 1879

E J Ray M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 63 S Broadway Address, 19 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 Mo 13 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Farquharson

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 85 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and number} 341 Myrtle Avenue

Cause of Death, First, (Primary,) Jaundice

Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 15th 1879

Wm Riley. M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, 446 Druid Hill Avenue Address, 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Mowberry

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 14 months

Place of Death, {Give street and number} 118 N Durham St

Cause of Death {First, (Primary,) Burns from Coal Oil

Second, (Immediate,)

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Dorchester County

Date of Burial, Nov 14 1879

Undertaker,

Place of Business,

Yours Truly Wm L Russell M. D.
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1584

...Attention... ...especially invited to the Remarks below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

Date of Death, Nov. 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Duncan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 186 Henrietta st.

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 5 years.

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, November 14

Undertaker, Hercules Ross

Place of Business, 96 Monument St

R M Hall M. D.
Medical Attendant.

Address, 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Phillips

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Eighty-four *Years,* seven *Months,* five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Black-Smith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Gloustershire England

Duration of Residence in the City of Baltimore, About Eighty years

Place of Death, {Give street and number} No 5 E Chatsworth Ave Old age

Cause of Death, {First, (Primary,) Second, (Immediate,)} Angina Pectoris

Duration of last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 14 November

W. L. Rees M. D.
Medical Attendant.

Undertaker, Matthew Padgett

Place of Business, 227 Madison *Address,* Sy Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE NOV 14 1879

Date of Death, 1879 Nov 12th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kezia Kinsey

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 84 *Years,* 6 *Months,* 18 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland Co Md

Duration of Residence in the City of Baltimore, Sixty two years

Place of Death, { Give street and number. } No 95 S Eutaw st Baltimore

Cause of Death, { First (Primary,) Congestion of Lungs

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C. Jno D. H. Gaston M. D.

Date of Burial, Nov 14. 1879 Medical Attendant.

Undertaker, J. B. Blackistone & Son *Address* 1768 Pratt

Place of Business, 606 Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...attention invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Maxwell

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 82 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, about 63 Years

Place of Death, { Give street and number } 194 Wiegueth St

Cause of Death { First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, about a week.

All the above information should be furnished by the Physician.

Place of Burial, Govenstown Balto Co

Date of Burial, Nov 15th 79

Undertaker, Cockchilling

Place of Business,

Geo H. Wayson M. D.
Medical Attendant.

Address, 18 Wiegueth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 14 1879 BALTIMORE

Date of Death, Nov 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Potter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 Billiard Court

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Tuber. Meningitis.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 14th 79

Undertaker, A. Wayman

Place of Business, 16 & 18 Saratoga, st

C. F. Bellermann *M. D.*

Medical Attendant.

Address 414 Eutaw

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov ~~October~~ 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Naylor

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 151 Edmondson Av Edmondson Ave

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Nov 15-79

Undertaker, Denny & Mitchell

Place of Business, 553 W Fayette St *Address,* 121 W Lexington

E W Leitch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 14 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th Nov 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miss Rose Flood

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 639 S Light St

Cause of Death, { First (Primary,) Phthisis Pulmonary
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Barre Bre

Date of Burial, 15th Nov 1879

Undertaker, B Harley

Place of Business, 411 S Light St

C B Landa M. D.
Medical Attendant.

Address 108 Cathedral
Near 3 Lines

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1879 BALTIMORE

Date of Death, 14th November 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michel Smetiewski

Sex, Male or ~~Female~~, { cross out the word not required in this line. } ~~Male~~ Female

Age, 1 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, { Give street and number } Thames Street 128.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Tabes mesenterica 5 months

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov. 15th 79

Undertaker, M. Franco

Place of Business, 220 Canton Ave

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe St. 114

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walker Wilmer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 3 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lewis Anns Co Maryland

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, {Give street and number} 9 Brewer's alley

Cause of Death, First, (Primary,) Mal Nutrition Artificial

Second, (Immediate,) Convulsions.

Duration of last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemet

Date of Burial, Nov 14th 1879

Undertaker, F A Kershner

Place of Business, S. Conselton av

James H Lane M.D.

~~Residence or Office.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Brooks

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 14 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 115. Chesnut St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Hemorrage Epheumation

Duration of Last Sickness, Ten Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Novem 14th 1879

Undertaker, William N. Dungan

Place of Business, No 62 East St

Sam'l J. Belt M.D.

Medical Attendant.

Address, # 134 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Caulton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sail-Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 17 Hoen St

Cause of Death {First, (Primary,) Paralysis / Second, (Immediate,) 2 Years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Nov 14th 1879

Undertaker, William A. Dunger

Place of Business, No 62 East st

J. R. Grove M. D.
Medical Attendant,

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Nov 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Pierce

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 106 Ensor St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, one day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Novem 14th 1879

Wilmer Brinton, M. D.
Medical Attendant.

Undertaker, William N. Dunges

Place of Business, No 62 East st

Address, 269 N. Carolina St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov^m. 13th 1849.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bartells

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 49 Castle St.

Cause of Death First, (Primary,) Congestion of Brain.

Second, (Immediate,)

Duration of last Sickness, 5 hours.

All the above information should be furnished by the Physician.

Place of Burial, Howard Cemetery Flamers Road

Date of Burial, Nov 15th 1849

Undertaker, P. Tees

Place of Business, G. P. Tees Co

D. C. Deland M. D.
Medical Attendant.

Address, Corner E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November. 13. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Son of Isaac & Susan Kenney.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of life.

Place of Death, {Give street and number} H & Williamson Alley

Cause of Death First, (Primary,) Convulsions.

Second, (Immediate,) Asthenia

Duration of last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cem.

Date of Burial, Nov. 14th 1879

Undertaker, F. A. Kershaw

Place of Business, —

W. S. Booze. M. D.
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Died Nov 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Schmidake

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 64 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.} Widower

Occupation, Rag Picker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 Months

Place of Death, {Give street and number} 31 Biddle Alley

Cause of Death {First, (Primary,) Extreme

{Second, (Immediate,) Rheumatism

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Nov 16th 1879

Undertaker, F. A. Kerchner

Place of Business, S. Carrollton Av. *Address,* Comm of Health

Registrar

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov - 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Parnell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Black

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 133 E. Pratt St

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,) 10 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cem

Date of Burial, Nov 15th 1879

Undertaker, Theodore Foster

Place of Business, 73 Jefferson

J N Hoeck M. D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth E. Linguum

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ~~~ *Years,* 9 *Months,* ~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5 Shields alley near Greenwell

Cause of Death, First, (Primary.) Mal. Nephritis (acute)

Second, (Immediate,) Croup

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 14th 1879

Undertaker, W. Jas Gray

Place of Business, ~~~

Signature of Physician, Edwin A Stevens M. D.

~~Medical Attendant.~~

Address, Commissioners Health & Registers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenmark

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 14/79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Putz

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 51 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 9 Smith's Alley

Cause of Death {First, (Primary,) Pneumoniae

{Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, November 16 1879

D. Gen. Daniel *M. D.*
Medical Attendant.

Undertaker, Henry Koeck

Place of Business, 369 N. Eutaw *Address,* 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Crothers

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 264 E. Biddle St

Cause of Death, First, (Primary.) Inflammation of Bladder

Second, (Immediate,) & Paralysis,

Duration of last Sickness, about 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Nov 17 1879

Undertaker, Thos E Hughes

Place of Business, 111 E Balto

Felix Aurich M. D.
Medical Attendant.

Address, E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 36094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1879 BALTIMORE

Date of Death, Nov 15-th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lamar Doyle

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 9 *Months,* 14 *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 2 yrs 9 Mo 14 days

Place of Death, { Give street and number. } 28 Brunet-St-

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Apnoea

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Pres Baltimore County

Date of Burial, November 15th 1879

Wm F. Parkin M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

Address No 763 W Pratt-St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Via Northern Central Rail-Road. (1885) Lamar

...respectfully invited to the Remarks Below, and to List of Diseases on ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Day

Sex, Male or Female, {cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number} 424 S. Charles St.

Cause of Death { First, (Primary,) Paralysis Second, (Immediate,) Relapse of Typhoid Fever

Duration of last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial,

Undertaker, B. Hart

Place of Business, 211 Light St

Andrew Co. M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie [illegible]

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 44 Baltimore St

Cause of Death, First, (Primary,) Hepatic colic.

Second, (Immediate,) Collapse

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Novem 16th 1879

Undertaker, Denny & Butterly

Place of Business, 165 S. Broadway

R. H. Eck *M. D.*
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1879 BALTIMORE

Date of Death, November 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christina A Meyers.

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, One Year, ~~Months,~~ Fourteen (14) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Old City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 26 S. Little & McElderry St

Cause of Death, First, (Primary,) Meningitis (Cerebral)

Second, (Immediate,) Eclampsia

Duration of last Sickness, Few Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Nov 16th 1879

Thos Shearer M. D.
Medical Attendant.

Undertaker, Henry Sauer

Place of Business, 252 Canton Address, S.E. Cor Eager Carlton Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 36098

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 15 1879

Date of Death, Nov. 14th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Winstead

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 20 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 126 E. Chester St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Nov 16th

Undertaker, H. Fockler

Place of Business, 246 Eastern Av

Address, 244 Bond St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rogers

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 13 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Washington D.C.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 7 W Lombard St

Cause of Death, {First (Primary,) Heart Disease

Second (Immediate,) — — —

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Nov 18 79

Undertaker, Jas P Byrne

Place of Business, 63 Fremont

E C Jordan *M. D.*
Medical Attendant.

Address, 220 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 3/1100

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Flynn

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 4 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 108 Hull st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 108 Hull st

Cause of Death First, (Primary,) Tetanus Traumatica

Second, (Immediate,)

Duration of last Sickness, 2 days 6

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov 15 1879

Undertaker, C. F. Krauss

Place of Business,

Geo. H. Boudar M. D.
Medical Attendant.

Address, 164 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1879 BALTIMORE

Date of Death, November 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Spilker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt° City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 14 E. Balt° st

Cause of Death First, (Primary,) Burns from Coal Oil Explosion

Second, (Immediate,) Shock

Duration of last Sickness, Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Balt° Cemetery

Date of Burial, Nov. 16th

Undertaker, Chas. Lake

Place of Business, 161 E. Balt° st

L. P. Smith M. D.
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Baden

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 Years, 4 Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, At Home

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 1 4 yrs.

Place of Death, {Give street and number} 130 S. Regester St

Cause of Death First, (Primary,) Burns

Second, (Immediate,) Anthrax

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Ida's Cem.

Date of Burial, Feb. 1 1879

Undertaker, John Braun

Place of Business, 297 S. Durham St

Daniel Buell M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14th 4 P.M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Meyer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Keeper in Oyster House

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 295 S. Durham St

Cause of Death First, (Primary,) Valvular Heart Disease

Second, (Immediate,) Dropsy

Duration of last Sickness, several Years

All the above information should be furnished by the Physician.

Place of Burial, Ft. Stephens

Date of Burial, 17 Nov 1879

Undertaker, John Mowen

Place of Business, 297 S. Durham

James E. Donnelly M. D.
Medical Attendant.

Address, 299 E Fells Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday November 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Danial Mahar

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, 60 *Years,* ——— *Months,* ——— *Days*

Color, ———

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} Lexington St

Cause of Death, First (Primary,) Angina Pectoris

Second (Immediate,) Congestion and paralysis

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Nov. 16th 1879

Undertaker, Henry Lander

Place of Business, 250 & 252 Canton Ave.

J. E. Richards M.D.
Medical Attendant.

Address, 23 N Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Trapp

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 219 S. Bond St.

Cause of Death, First, (Primary,) Effects of burn

Second, (Immediate,)

Duration of last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem'y

Date of Burial, Nov. 15th 1879

Undertaker, Henry Sander

Place of Business, 250, 252 Canton Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish wi[illegible] forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherina Hoss.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 37 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number} 217 Caton Av.

Cause of Death, First, (Primary,) Chronic Gastritis.
Second, (Immediate,) Marasmus.

Duration of last Sickness, two months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Nov. 16th 1879

Aug. H. Esich M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 250 & 252 Canton Av. *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov^r 13^th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bowen

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, about 36 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Calvert Co Md.

Duration of Residence in the City of Baltimore, about 14 yrs

Place of Death, {Give street and number.} 13 Stockholm St.

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Nov 16 1879

Undertaker, S W Chase

Place of Business, No 138 Howard St

R. C. Lee M.D.
Medical Attendant.

Address. Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Downy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Ranch alley near Winchester st

Cause of Death, First (Primary,) Membranous Croup —

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16 1879

Undertaker, H. Hartshade

Place of Business, No 198 Howard

J. Harvey Hill *M. D.*
Medical Attendant.

Address 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 14 1879 BALTIMORE

Date of Death, November 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Volz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty nine *Years,* Seven *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St Wendel Alsace Germany

Duration of Residence in the City of Baltimore, about 44 Years

Place of Death, {Give street and number.} N 113 Saratoga St

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,)

Duration of Last Sickness, Several years

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetary

Date of Burial, November 15th 1879

Undertaker, Henry Borgman

Place of Business, N 45 Clay St

F. Rhatard M. D.
Medical Attendant.

Address N 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 36110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 14th 1879 - 3 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. H. Fuchs

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 169 S. Chester Street

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of last Sickness, Unknown - was called for the first time only about an hour before death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug. 15. 1879

E. B. Wallace M. D.
Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway *Address,* 30 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Christian Rahlfing

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* 5 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 27 L. McElderry St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem'y

Date of Burial, Nov 16th 1879

J. Ridgway Andrè M. D.
Medical Attendant.

Undertaker, Jas R Bryan

Place of Business, Fourth St

Address, 1812 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude H Kuhn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 44 *Years,* 11 *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Schlenbach — Hesse

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} Canton Av. a Bridge Brighton.

Cause of Death, First, (Primary.) ———

Second, (Immediate,) ———

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Nov 16th 2 o'clock 1879

A B Carroll M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 230 & 232 Caroline

Address, 7 L. High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15 — 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E Heffner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Thirty-one *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} No 98 Druid Hill Ave

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 17th 1899

W. L. Rider M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St. *Address,* 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Brie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~____~~ *Years,* ~~____~~ *Months,* 3 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, ~~_____~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cookes Street Back

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} Cookes St

Cause of Death, {First (Primary,) Imperforate Anus. No Return
Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar hill Cem J. G. Mouble M. D.

Date of Burial, Nov-16th Medical Attendant.

Undertaker, A. Miller

Place of Business, 86 N. Paca St *Address* 203 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 36115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Smith.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Collector.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Albany, N.Y.

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and number.} 258 N. Wolf St.

Cause of Death, {First (Primary,) Opium Poisoning, Taken by himself.
Second (Immediate,)

Duration of Last Sickness, About 15 hours.

All the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, Nov. 16th 1879

Undertaker, Wm. H. Hickman

Place of Business, 234 S. Gay St.

L. C. Gordon M.D.
Medical Attendant.

Address 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 14, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agusia V. Montgomery

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* F.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kansas

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 265 Linden Ave

Cause of Death, First (Primary,) Diphtheritic

Second (Immediate,) Croup

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cy.

Date of Burial, [redacted]ov 16th 1879

W. T. Howard M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st *Address* 171 Mad. Ave

Extract from Regulations of the Board of Heatth to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Hanson Norwood

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 25 S. Schroeder St

Cause of Death First, (Primary,) Scarletina Anginosa

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 16

Undertaker, Joseph Bloom

Place of Business, 707 West Baltimore *Address,* 538 W. Dayton St

John Neff *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Albright

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 53 *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower;~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll County

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} 54 Schroder st

Cause of Death First, (Primary,) Bronchial Inflammation

Second, (Immediate,) Typhoid

Duration of last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 16

Undertaker, L B Cook

Place of Business, 707 West Baltimore

Sml Endelow M. D.
Medical Attendant.

Address, 582 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Gott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Seaman in Navy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 43 Hillen st

Cause of Death, First (Primary,) ———

Second (Immediate,) Typhoid Malarial Fever

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bait Cemetery

Date of Burial, Nov 11 79

Undertaker, Ansley & Dent *Address* 133 N Eutaw st

Place of Business, No 263 Light

A P Yeates M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th 96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bernard Runnap

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 19 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life-Time

Place of Death, {Give street and number} 203 N Dallas St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 16

Undertaker, Chas. Hellmann

Place of Business, 6 Little Paca St

Edwd. P. Thayer M. D.
Medical Attendant.

Address, 15 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 36121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Oct 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen O Broderick

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} F

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} M

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 31 Greenmount Ave

Cause of Death First, (Primary.) Inflammation of Brain

Second, (Immediate,) Inflammation

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Govanstown

Date of Burial, Nov 17 th

E. H. Williams M.D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 121 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Cowan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 78 *Years,* 10 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Fifty one (51) Years

Place of Death, {Give street and number.} No 70. E. Market Space

Cause of Death, First (Primary,) Senile Decay

Second (Immediate,) Coma.

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Jno. N. Cowan M. D.
Medical Attendant.

Date of Burial, Nov 16 1879

Undertaker, James D Byrne

Place of Business, No 63 N Front *Address* 318 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 36123 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carlena Robbins

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 1 year 3 months

Place of Death, {Give street and number.} 10 Laurel St

Cause of Death, First (Primary,) Hooping Cough

Second (Immediate,) Convulsions

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Nov 17 16

Undertaker, Chas Tucker

Place of Business, 176 East St

HEALTH DEPT. BALTIMORE NOV 16 1879

E. C. Jordan M.D.
Medical Attendant.

Address, 220 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltim

OFFICE OF REGISTRAR OF VITA

Permit No. 36124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Watkins

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 1 2 *Months,* 1 6 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 4 Mulberry

Cause of Death, First, (Primary,) Pleuro Pneumonia

Second, (Immediate,) Comatose Condition

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount St Evenly

Date of Burial, Nov 16 1879

Geo E Reynolds M. D.
Medical Attendant.

Undertaker, John C. Jones

Place of Business, 1265 Pratt

Address, 4 E N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 36125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15 th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Sophia Hall

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Forty two *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Maryland

Duration of Residence in the City of Baltimore, Twenty four years

Place of Death, {Give street and number} No 301. S. Edmondson St

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) Hydrothorax

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16 1879

Undertaker, Samuel R Chase

Place of Business, 198 S. Howard St *Address,* 146 Hill St

L. D. Sykes *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 14 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Queen Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Bedford Va.

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give street and number} 7 Stockton Alley

Cause of Death {First, (Primary,) Pneumonia Convulsions.
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 16th 1879

Undertaker, Wm J Gray

Place of Business, 63 Mulberry st

M. A. B. Sullivan M. D.
Medical Attendant.

Address, 249 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 15. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bankard,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, white,

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 431 E. Balt. St.

Cause of Death {First, (Primary,)} Cerebral Hemorrhage,

{Second, (Immediate,)} Paralysis.

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, November 18th 1879

Undertaker, Denny & Mitchell

Place of Business, 66 S. Broadway

G. G. Luck, M. D.
Medical Attendant.

Address, Balt. & Mast. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Slater

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Bookseller & Stationer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 191 S. Broadway

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate,) ____

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 17th 1879 Wm. C. A. Shaw M. D.

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 63 S Broadway *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 36129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday November 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} name of Parents Edward & Deale R. Lemmon

George

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 17 Madison St

Cause of Death, First, ~~(Primary,)~~ Retarded Birth.

Second, (Immediate,) Imperfect Development of Brain,

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, 17th Nov 10 Oclock

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Geo. C. Rodenmayer

Place of Business, 98 Eason St. *Address,* 225 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 17 1879

CERTIFICATE OF DEATH.

Date of Death, 16th Nov 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frederick Von Werder

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 99 Years, 10 Months, 16 Days.

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number} Aged Mens Home

Cause of Death { First, (Primary,) Senile Decay.
Second, (Immediate,)

Duration of last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, 18th Nov. 1879.

{ Undertaker, H. W. Jenkins & Son
{ Place of Business, 16 Light st.

Geo K. Dyer M. D.
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 17 1879

Date of Death, Nov 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Dentzer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty five Years, in Months, Days.

Color, White.

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, Fireman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Ft Leavenworth

Cause of Death, First (Primary,) Drowning.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov 1879

Undertaker, John C. Stark

Place of Business, 265 Alleghany

N. G. Leland M. D.
Medical Attendant.

Address Corner Ed?

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3610

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wilson Worthington

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Book Keeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number} St. Paul St. Mansions Hotel

Cause of Death, First, (Primary.) Brain or Typhoid Fever

Second, (Immediate.) Suicide by Jumping out of a Window & Crushing the Skull Instantly

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 17th 79

R. C. Lee M. D.
Coroner B. D.

Undertaker, Chas. H. Williams M. W. & Co.

Place of Business, 35 St. Paul St. *Address,* Hanover & Baltimore Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Monroe H. Mahoney

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 34 Hendrick Street

Cause of Death { First, (Primary,) Cancer of Face
, Second, (Immediate,) Erysipelas

Duration of last Sickness, about Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, November 18' 79

B. McManus *M. D.*
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W. Baltimore St. *Address,* 682 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 17 1879

CERTIFICATE OF DEATH.

Date of Death, November 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, one *Years,* three *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 148 Ramsey St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, H. Rose's Cemetery

Date of Burial, Nov 17 1879

Wm. W. Murray M. D.
Medical Attendant.

Undertaker, Peter Kummert

Place of Business, 301 Mulberry St. *Address* Fayette & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 16. 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Creswell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 *Years,* 9 *Months,* *Days.*

Color, wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 407 Cathedral St

Cause of Death First, (Primary,) Scarlet fever

Second, (Immediate,) albuminuria

Duration of last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 17th 1879

Undertaker, Edwd T Scriven

Place of Business, No 271 W Eutaw St

G Lane Taneyhill M. D.
Medical Attendant.

Address, 129 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Mallen

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 2 ½ *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, At Home

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 2 ½ yrs

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary,) Tuberculosis

Second, (Immediate,) Asthenia

Duration of last Sickness, 14 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Nov 17th 1879

Undertaker, Chas T Scriven

Place of Business, [illegible]

David Greer M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin F. Barnett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, {Give street and number} 21 Church Lane

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) 16 days ill

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill cem

Date of Burial, Nov 17th 1879

R. L. P. Ellis M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light st *Address,* 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Gaither Evans

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 265 N Broadways

Cause of Death, First, (Primary,) Remittent Fever

Second, (Immediate,) Typhoid "

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 17th 1879

Undertaker, Henry H. Mears

Place of Business, 346 N. Gay St

C. D. Grimes M. D.
Medical Attendant.

Address, 25 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36139

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie L. McGuire

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ~~2~~ *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 43 E. Lombard

Cause of Death, First, (Primary,) Tuberculan Meningitis

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 17 1879

Undertaker, Jas P Byrne

Place of Business, 63 N. Frmt

J. Thurston M. D.
Medical Attendant.

Address, 7 d Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alice Burke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, twelve *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 373. Caton Ave

Cause of Death, {First (Primary,) Congestion of brain

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 18th

Undertaker, H. Frechlich

Place of Business, 246 Caton Av

N. C. Ireland M. D.
Medical Attendant.

Address Corner E. & [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Pflegen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* 4 *Months,* 24 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone Mason

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number} 23 Stockholm

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Phthisis

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 18th 1879

Thos Corbett M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 15 - 1897

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nina Colley

Sex, Male or Female, {cross out the word not required in this line.}

Age, 36 *Years,* ~~20~~ *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 2 4 years

Place of Death, {Give street and number} 607 Eutaw st

Cause of Death { First, (Primary,) Phthisis Pulmonalis
, { Second, (Immediate,)

Duration of last Sickness, 3 — months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 17

Undertaker, Coffey

Place of Business, 17

W. A. Purnell M. D.
Medical Attendant.

Address, Cary & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Novbr 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Lechlen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Dress maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford County Md

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 127 N Howard Street

Cause of Death, First (Primary,) Pneumonia & Spenaline Laboh

Second (Immediate,) Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Richmond

Date of Burial, Nov 18th

E Loverboy M. D.
Medical Attendant.

Undertaker, H. Meyer

Place of Business, 106 Howard Street *Address* 289 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 361

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th Nov. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Dougherty

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 8 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 96 York st

Cause of Death, { First, (Primary,) Scarlet Fever
Second, (Immediate,) Diphtheria

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Nov 17 1879

Undertaker, [illegible]

Place of Business, 209 Hanover

H W Wedeler, M. D.
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th November 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Evelina M Cole.

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, (73) Seventy three *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seventy three years.

Place of Death, {Give street and number} No. 213. N Bridge St.

Cause of Death, First, (Primary,) Fatty degeneration of Substance of Heart

Second, (Immediate,) Cerebral Anaemia & Heart Disease.

Duration of last Sickness, about Six months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, November 19/1879

Mr C van Bibber M. D.
Medical Attendant.

Undertaker, R. Remmefas

Place of Business, No 92 E. Baltimore *Address,* 47 E Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ation of D... ...ponding Letter to the Register Below, and to List of Diseases on Back of Th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 13. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Edwards

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 100 *Years,* Two *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number} 43 Stockholm St.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) & Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, Nov 17 1879

Undertaker, Owens & Sevens

Place of Business,

H. D. Boyce M. D.
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 15th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Rigg

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 S York St

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Sp asmus

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cem'y

Date of Burial, Nov 17 1879

James A Clemens M. D.
Medical Attendant.

Undertaker, F. A. Kirchner

Place of Business, Carroll Cas

Address, Comm of Health
H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. W Emm [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE NOV 18 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ellen Wilhelm

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Maryland —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Hare St.

Cause of Death, { First (Primary,) { Second (Immediate,) Consumption.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery J. H. Martin *M. D.*

Date of Burial, Nov. 19th, 1879. Medical Attendant.

Undertaker, Wm H. Hickman *Address*

Place of Business, 234 S. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 18 1879

Date of Death, November 16th 1879 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Starr,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male —

Age, 61 *Years,* 2 *Months,* 23 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, House Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. County

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} 97 Sisquith St -

Cause of Death, First (Primary.) Phthisis pulmonalis —

Second (Immediate,) Hemorrhage —

Duration of Last Sickness, 4 Days —

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, November 20th 1879.

Undertaker, Wm. H. Buckmaster

Place of Business, 234 W. Fay St.

Irving Miller — M. D.
Medical Attendant.

Address 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeannette Henderson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland — Co 9 years in US

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 88 W Gay

Cause of Death, First, (Primary,) Acute Rheumatism

Second, (Immediate,) Heart Disease paralysis

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct 19th 1879

Undertaker, Jas P Byrne

Place of Business, 63 Fremont *Address,* Corner Mt St

Edwin H Walker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novbr 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John B. Schultz

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Butcher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } 180 W. Pratt St

Cause of Death, First, (Primary,) Catarrhal Phthisis

Second, (Immediate,) Marasmus

Duration of last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem

Date of Burial, Nov 19th 1879

Sim Solomon M. D.
Medical Attendant.

Undertaker, Adam Stink

Place of Business, 461 N. Gay St *Address,* S E Cor Gay & Caroline Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Heisinger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 Years, 2 Months, 4 Days.

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.} Widower

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hessen — Germany

Duration of Residence in the City of Baltimore, 4 8

Place of Death, {Give street and number} Lemmon St 427 W

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Nov 19

Undertaker, J B Cook

Place of Business, 707 W Pratt

J Whitridge M. D.
Medical Attendant.

Address, 28 Lee St W

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 36453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Joseph King

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cor O'Donnell & Patterson St,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Cor O'Donnell & Patterson St.

Cause of Death, First, (Primary,) Pseudo Membranous

Second, (Immediate,) Laryngitis

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov. 19, 1879

E. Jones Williams M. D.
Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway *Address,* 17 Patterson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Charlotte Brune

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} x / /

Occupation, x x /

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 26 Burke St.

Cause of Death, First, (Primary,) Inspiration of Food

Second, (Immediate,) /

Duration of last Sickness, since Birth - 12 Burke St.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Nov. 18. 1879

Undertaker, M. A. Dwyer

Place of Business, 94 S. Broadway.

Jno. C. Donnelly M. D.
Medical Attendant.

Address, 99 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha H Adams

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 20 *Years,* 5 *Months,* 17 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 11 Milligan st

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of last Sickness, Eight or ten month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 20 1879

Undertaker, S. P. Chase

Place of Business, No 198 Howard st

D W Cathell *M. D.*
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel J. Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} No 91 N. Bethel St.

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 18th 1879

Francis T. Dawson M. D.
Medical Attendant.

Undertaker, Theodore J. Koch

Place of Business, 13 Jefferson st

Address, 125 N. Central Ave

NOV 18 1879 HEALTH DEPARTMENT BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th November 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Mc Cormick

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 43 York

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Dropsy

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Nov 18th 1879

J. W. Metcalf M.D. *M. D.*

Medical Attendant.

Undertaker, Joseph F Payne

Place of Business, 59 Liberty *Address,* 57 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH
NOV 18 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 18-1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susannah Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 62 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 16 Whalcoat St

Cause of Death, First (Primary,) Abscess of Lung

Second (Immediate,)

Duration of Last Sickness, 4 Months -

All the above information should be furnished by the Physician.

Place of Burial, Wm Christ Cemetery

Date of Burial, Nov 19 Thurs P.M. -

Undertaker, John E Kough

Place of Business, 319½ Pennsylvania Ave

Dr Albert Stephens ~~M. D.~~
Medical Attendant.

Address 427 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Col Landstroth

Sex, Male or Female, { cross out the word not required in this line. } M

Age, 6 *Years,* ..... *Months,* ..... *Days.*

Color, W.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 91 Granby St.

Cause of Death { First, (Primary,) Scrofula

Second, (Immediate,) .....

Duration of last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Comel Cemetery

Date of Burial, Nov 18

Undertaker, John Mencaig

Place of Business, 352 Eutaw St.

F. T. Reynolds M. D.
Medical Attendant.

Address, Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wed. 17th '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Rears

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single Widow or Widower

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Brunswick

Duration of Residence in the City of Baltimore, 12 dys.

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Typhoid Fever & Pneumonia / Second, (Immediate,) Apnoea

Duration of last Sickness, 12 dys.

All the above information should be furnished by the Physician.

Place of Burial, Wes. Pub. Cemetery

Date of Burial, Nov 17 1879

Undertaker, H. C. Leighner

Place of Business, 50 S. Caroline Av *Address,* University Hospital

T. B. Burns M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 36161

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 18 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Winefred Naughton

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 81 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States if of foreign birth.} Ireland 19 years

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number} 34 Liberty alley

Cause of Death, {First, (Primary,) ———
Second, (Immediate,) Senile decay

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, Nov 18th 1879 Thos A Cleary M. D.
Medical Attendant.

Undertaker, Jas. P. Bryan

Place of Business, Front St. | *Address,* Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by E. Wenman

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 36162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Cronin

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 285 Front St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Membranous Croup

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Nov 18th 1879

Wm. Whitridge M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 36163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Taylor

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number} 5 Guilford's Alley

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.)

Duration of last Sickness, about one week

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 18 1879

Undertaker, James O Byrne

Place of Business, No 63 N Front St *Address,* Southern Dispensary

J. M. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36164

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Martin

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 63 *Years,* 1 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number} West St

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Heart disease

Duration of last Sickness, Asthma 1 week

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Nov 19

Undertaker, J. Harder

Place of Business, 411 Light St

L. Dutton M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...selection of Physicians respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Burnes

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 5 Wates Court

Cause of Death, First, (Primary,) Pneumonia - (Double -)

Second, (Immediate,) .....

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted] M. D.

Date of Burial, [redacted] Medical Attendant.

Undertaker, [redacted]

Place of Business, [redacted] *Address,* [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lankford J. Shem

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 10 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number} 225 Montgomery St

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Convulsions

Duration of last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Bachman's Burial

Date of Burial, November 19th 79

Undertaker, Wm H. McKeman

Place of Business, 1234 Eq St

Thos Lee M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1588

[OVER.]

No. 36167

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amanda Comet Webb

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 48 *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } * 303 Aisquith St

Cause of Death, First, (Primary,) Septicaemia supposed to be due to dysentery which

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov [redacted] 19th

Undertaker, Geo Schulting

Place of Business, ———

Geo K Nastman M. D.
Medical Attendant.

Address, *303 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 19 1879 BALTIMORE

Date of Death, Nov 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Arnett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty Three *Years,* Eleven *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co Maryland

Duration of Residence in the City of Baltimore, Eight Years.

Place of Death, {Give street and number.} No 3. N. Wolfe,

Cause of Death, First (Primary,) Typho Malarial Fever

Second (Immediate,)

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dorchester County Md

Date of Burial, 20 Nov 1879

Undertaker, Leo Schilling

Place of Business,

H. P. S. Yates M. D.
Medical Attendant.

Address 130 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 19 1879 BALTIMORE

Date of Death, Nov 16th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Rodney Brooks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 8 *Months,* 28 *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Chain Inner Chart.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 196 E Eutaw St Balto

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) about 15 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, November 19th 1879

Thos. T. Smith M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Linz

Sex, Male or Female, {Cross out the word not required in this line.} Widow

Age, 83 *Years,* 3 *Months,* *Days.*

Color, W. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~Germania~~ Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 129. Bond St Baltimore

Cause of Death, First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 20th

Undertaker, F. C. Troll

Place of Business, #131 Hanover St *Address*

John M. Ph. Scarlett M. D.
Medical Attendant.

HEALTH DEPARTMENT NOV 19 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and denths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna K Schmaab

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 64 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 93 Bank St

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,)

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 20 1879

Abram Hunter M. D.
Medical Attendant.

Undertaker, M. Franke

Place of Business, — *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Pearl

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 50 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Store - Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} N. E. Cor. Mulberry and Bethel Sts.

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) Exhaustion

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Nov 13th 79

Undertaker, W. Fraser

Place of Business, 22 Courtland Ave

L. L. Wilkins M. D.
Medical Attendant.

Address, 177 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ers below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F Eagle

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 195 N Gay.

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Asthma —

Duration of last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Nov. 19th. 1879.

Undertaker, Wm. H. Hickman

Place of Business, 284 N. Gay St.

T. E. Shatard Jr. M. D.
Medical Attendant.

Address, 1114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36174

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert S. M. Pfeltz

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Five *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and number} 458 Chase St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Diphtheria with Croup

Duration of last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Nov. 18th 1879

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Wm. H. Hutchinson

Place of Business, 234 N. Gay St. *Address,* Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Stein

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 170 N Fayette

Cause of Death First, (Primary,) Dipsheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebrew Cemetery

Date of Burial, Nov 21

Undertaker, I B Cook

Place of Business, 707 N Balto

F E Shattuck M. D.
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 19 1879
OFFICE

CERTIFICATE OF DEATH.

Date of Death, November 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sara Knele Ewalt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 12 *Years,* 2 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 74 north Poppleton

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 19 '1879

Undertaker, H F Laude

Place of Business, Balto St

D O Hoffman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36177

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Chas. Connor

Male or Female, { cross out the word not required in this line. } Male

Age, 6 *Years,* 7 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } No. 306 Bank St

Cause of Death, { First, (Primary.) Scarlatina

Second, (Immediate.) Dropsy

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Hole Cross Cem

Date of Burial, Nov 19th 1879

Undertaker, Hendrickson Duffield

Place of Business, 171 S Bond St

D. A. Scully M. D.
Medical Attendant.

Address, 306 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 48.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 19 1879

Date of Death, November 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Patato

Sex, Male or Female, {cross out the word not required in this line.} female —

Age, 56 — *Years,* — *Months,* — *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, widow —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number} 82 S Registor St.

Cause of Death { First, (Primary,) Typhoid fever

Second, (Immediate,) do — do

Duration of last Sickness, 2 months —

All the above Information should be furnished by the Physician.

Place of Burial, [illegible] Cem

Date of Burial, [illegible] 1879

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible]

H A Johns — M. D.
Medical Attendant.

82 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 19 1879 BALTIMORE

Date of Death, Nov. 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse V. Hall

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 15 *Years,* 7 *Months,* ~~—~~ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 434 E- Monument st

Cause of Death { First, (Primary,) Dyph theritic Croup
Second, (Immediate,)

Duration of last Sickness, Five 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 20th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

S. T. Logan *M. D.*
Medical Attendant.

134 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Jacobson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 mos.

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Chronic D. of Kidneys
, { Second, (Immediate,) Asthenia

Duration of last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, E. B. P. Cemetery

Date of Burial, Nov —

{ *Undertaker,* P. J. Murdock
{ *Place of Business,*

David Theall M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2615 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Absalom Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* 7 *Months,* 2 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 253 Gough Mut

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co.

Date of Burial, Nov 19th

Undertaker, H. Fackler

Place of Business, 246 Eastern Av

Paul C. Shaw M. D.
Medical Attendant.

Address, 6 E Baltimore

NOV 19 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John V. Carpenter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number} 503 W. Baltimore St

Cause of Death {First, (Primary,) Pulmonary Consumption

{Second, (Immediate,)

Duration of last Sickness, 5 Years.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov. 20 79

Undertaker, W. Hickman

Place of Business, N. Gay St

Edw. F. Michels M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 19 1879 BALTIMORE

Date of Death, November 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie F. James

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 15 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 15

Place of Death, {Give street and number} 90 N Bond St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) " "

Duration of last Sickness, Fifteen months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 19th 1879

Wm Ruguelin M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Gay St. *Address,* 1105 South Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17: 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Scholl

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~*Years,*~~ ~~*Months,*~~ Four hours ~~*Days.*~~

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Four (4) Hours.

Place of Death, {Give street and number} 332 N. Lombard St.

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamont Park

Date of Burial, Nov 19: 1879

Undertaker, G. L. Dean

Place of Business, 4 Exchange Pl.

A. L. Shein M. D.
Medical Attendant.

Address, 379 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...NUMBERS BELOW, AND TO LIST OF DISEASES ON Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherina Dollinger

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Market Woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia (22 yrs in America

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number} St. Josephs Hospital

Cause of Death First, (Primary,) Cancer of womb (Epithelioma

Second, (Immediate,) Exhaustion

Duration of last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 19th 1879

Undertaker, H Schultheis

Place of Business,

Oscar J. Cassell M. D.
Medical Attendant.

Address, 188 W. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Clark

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 52 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.} Single

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} Park Ave & W Mechanic St

Cause of Death, First, (Primary,) Double Pneumonia

Second, (Immediate,) " "

Duration of last Sickness, Twelve Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov 19th 1879

W G Keyser M. D.
Medical Attendant.

Undertaker, Wm T Perrine

Place of Business, 220 Eutaw St *Address,* 1 N Co Fayette Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C McCann

~~Sex, Male or Female~~, {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, School teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N Fremont St 485

Cause of Death First, (Primary,) Malignant disease of throat

Second, (Immediate,) Exhaustion

Duration of last Sickness, About Eight months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial. Nov 19th 1879

Undertaker, Chas J Scriven

Place of Business, 271 N Eutaw St

Chas O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia J. Thomas

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 45 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 215 South Broadway

Cause of Death, {First, (Primary.) ____ Second, (Immediate,)} Phthisis Pulmonalis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, Nov 21 1879

R. M. Hall M. D.
Medical Attendant.

Undertaker, Wm. McHenry

Place of Business, 112 Hoffman St. *Address,* 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland 20 yrs

Duration of Residence in the City of Baltimore, about 20 yrs

Place of Death, {Give street and number.} 8 Price St

Cause of Death, {First (Primary,) Heart disease

Second (Immediate,)

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician

Place of Burial, Saint Peters

Date of Burial, Nov. 20, 1879

Undertaker, B. M. Chase

Place of Business, 172 S Howard

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie May Hamm

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 343 E. Fayette

Cause of Death, {First, (Primary,) ____ Second, (Immediate,) Diptheria

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. G. Phil Rd

Date of Burial, Nov 19 1879

Undertaker, Mc. A. Dwyer

Place of Business, 74 S. Broadway

W. W. White, M. D.
Medical Attendant.

Address, 741 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Druz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One (1) *Years,* Ten (10) *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ball City. Since birth

Duration of Residence in the City of Baltimore, 317 W Hamburg Street

Place of Death, {Give street and number}

Cause of Death, First, (Primary,) Laryngitis Croupous (Membranous Croup)

Second, (Immediate,) Asphyxia

Duration of last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery.

Date of Burial, Nov 20th

Undertaker, Fred Goode

Place of Business, 22 S Eutaw St

H. M Selous M. D.
Medical Attendant.

Address, Cor Carlisle & Fayette Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 18th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matilda Zimmerman

Sex, Male or Female, { cross out the word not required in this line. }

Age, 44 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number } 448 Canton Av.

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Organic Disease of the Heart

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Emanuels Cemetery.

Date of Burial, Nov 20th

Aug. F. Egner M. D.
Medical Attendant.

Undertaker, Fred Haase

Place of Business, 29 S. Caroline st. *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Malone

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 241. Lemon St

Cause of Death First, (Primary,) Phlegmonous Erysipelas

Second, (Immediate,)

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Chas. F. Melcholand M. D.
Medical Attendant.

Address 279. W Lombard

HEALTH DEPARTMENT NOV 20 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 19 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Brooks

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 15 *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } 71 N. Bond.

Cause of Death { First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, North Point Md

Date of Burial, Nov 20 1879

{ ~~Undertaker~~ Father, Isaac Brooklyn

Place of Business, Wells St

E H Parrish — *M. D.*
Medical Attendant.

Address, Broom Point

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 19, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Rose Lockard

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 5 yrs *Months,* 2 Mo's *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick County Md. & 14 years.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 378 Pennsylvania Avenue

Cause of Death { First, (Primary,) Chronic Disease
Second, (Immediate,) Asthenia

Duration of last Sickness, - Two years - the last attack, three days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 21st 1879

Undertaker, Wm E. Chenoweth

Place of Business, 336 Penn ave

Marburn Brewer M. D.
Medical Attendant.

Address, 9 & McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36196

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1879

CERTIFICATE OF DEATH.

Date of Death, November 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis E. Bennett

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} ~~Louis E. Bennett~~

Age, 5 *Years,* 2 *Months,* 2 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} State of Maryland Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 123 Cross St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Asthenia

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov 21-1879

Undertaker, B Hoare

Place of Business, 411 Light St

J. K. Riley M. D.
Medical Attendant.

Address, 138 Hanover Street City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna B. White

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 92 Fort Ave.

Cause of Death { First, (Primary,) / Second, (Immediate,) Croup.

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Ft. Christian Cem.

Date of Burial, Nov 21st

Undertaker,

Place of Business,

R. J. D. Tull M. D.
Medical Attendant.

Address, 152 S. Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Schwartz

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* 19 *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number} 136 N. Eutaw St

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) Anasarca

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Lebanon

Date of Burial, Nov 20th 1879

Undertaker, H. Steiger

Place of Business, 106 and Hoss

M. Adkins M. D.
Medical Attendant.

Address, 192 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Cornish

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Lumber Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number} 236 Hughes St

Cause of Death, {First, (Primary.) Believed to be

{Second, (Immediate,) Rheumatism of the Heart

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 20

Undertaker, Hercules Ross

Place of Business, 95 Conway St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover Bar St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 19. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Tirkler.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 4 *Months,* 6 *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar Maker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 202 N. Wolf St.

Cause of Death, {First (Primary,) Typhoid Fever. / Second (Immediate,)}

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 21

Undertaker, Fry Bro

Place of Business, 34 N Broadway

L. C. Gordon M. D.
Medical Attendant.

Address 311 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 86201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 20 1895 BALTIMORE

Date of Death, Nov 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hiett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 77 D. H. avenue

Cause of Death First, (Primary,) Congestion Brain

Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Nov 20th 1895

J. T. Knight M. D.
Medical Attendant.

Undertaker, Theodore J. Locke

Place of Business, 73 Jefferson St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th of Nov.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mehler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* ~~11~~ *Months,* 25 *Days.*

Color, White *Sex,* female

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 142 Low St

Cause of Death, {First (Primary,) Typhus

Second (Immediate.)

Duration of Last Sickness, 26 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 21 - 1879.

{*Undertaker,* D. Rossing

Place of Business, 87 Orleans St

D. A. Hellman M. D.
Medical Attendant.

Address 120 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Sinnan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Sixty — *Years,* Two *Months,* *Days.*

Color, Dark

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, Sixty-one Years

Place of Death, {Give street and number} 69 Myrtle Av

Cause of Death, {First, (Primary.) Paralysis

{Second, (Immediate,)

Duration of last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 20th

Undertaker, Wm H Bishop Jr

Place of Business, 97 Druid Hill Av

J. L. Chew M. D.
Medical Attendant.

Address, 69 Myrtle Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36204

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Nelson

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3 Jefferson St. corner

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 20th 1879

Undertaker, C. A. White

Place of Business, Granby St

Thos A Glenn M. D.
Medical Attendant.

Address, Comm of Health
H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1879 NOV 20 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 18/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary [illegible]

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number} 416 W. Lombard St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Eight Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Nov 21 84

Undertaker, P. Kummerer

Place of Business, 317 Mulberry

[illegible] M. D.
Medical Attendant.

Address, 37 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lewis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1021 Eastern Avenue

Cause of Death, First, (Primary,) Trismus Nascentium

Second, (Immediate,)

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetry

Date of Burial, Nov 21st 1879

Undertaker, Peter Frey

Place of Business, 91 Eden Ave

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36207

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36207

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia & Andrew St. Peters

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} (Parents

Age, ~~Years,~~ ~~Months,~~ One Day.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 92 Somerset St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 21 1879

J. Thos. A. Steiner, M. D.
Medical Attendant.

Undertaker, H. Hooper

Place of Business, ~~—~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 Nov. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Sensenay

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 100 Hudson St.

Cause of Death, First, (Primary,) Membranous Laryngitis.

Second, (Immediate,) Apnoea.

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Nov 21 1879

B. F. Leonard M. D.
Medical Attendant.

Undertaker, J. W. Hicks

Place of Business, Expressman

Address, 26 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Mallon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Fireman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} 149 Stirling St

Cause of Death, {First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 18 mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 21st 1879

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 145 N Gay St

Address, 36 Spennant Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1879

CERTIFICATE OF DEATH.

Date of Death, Nov. 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Laughrie

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 285 Canton av.

Cause of Death, First, (Primary,) Cerebral Congestion

Second, (Immediate,) Convulsions

Duration of last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, December 21st 1879

Undertaker, H. H. Gutmyer

Place of Business, 34 Canton Av

G. L. Wilkins M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~15 Bartlett St.~~ Nov. 19th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Boyce

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word is not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, {Give street and number.} 15 Bartlett St.

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Cerrhosis

Duration of Last Sickness, Was a constant drinker and was on a debauch for more than a week yesterday my attention having been called to him

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 21st 1879

Undertaker, John L Thacher

Place of Business, No 150 Camden St

H. W. Wehner M. D.
Medical Attendant.

Address 320 W. Lombard St.

NOV 21 1879

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th November 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Cooper

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil County Md

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number} Nr 6 South Calhoun St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Cerebral Anaemia

Duration of last Sickness, 2 weeks - An Invalid 6 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Novemb 21st 1879

Geo. H. Jones, *M. D.*
Medical Attendant.

Undertaker, Thos. S. Hughes

Place of Business, 69 E. Baltimore St. *Address,* 69 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3621/3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Fullinge King

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, since birth —

Place of Death, {Give street and number} 76 Edmondson Ave

Cause of Death First, (Primary,) Acute Rheumatism

Second, (Immediate,) Endocarditis

Duration of last Sickness, one week —

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Nov 21 1879

Undertaker, Hughes & Bro

Place of Business, 361 Fayette

John J. King M. D.
Medical Attendant.

Address, 76 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 36214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Eliz^th Frantz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 398 N. Gay St.

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.) Apnoea

Duration of last Sickness, 13 Days — Croup set in 8 Days before death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 22nd

Undertaker, Geo Schilling

Place of Business, Ashland Square

Geo H. Hartman M. D.
Medical Attendant.

Address, #305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 20 79

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wilhelm K Lieck

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 11 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 410 S Bacon St

Cause of Death, { First (Primary,) Diphtheria / Second (Immediate.)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill Park G Maulsby M. D.

Medical Attendant.

Date of Burial, Nov 21 79

Undertaker T. J. N. Todd *Address* 2031 W Lanvale

Place of Business, 131 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1879

CERTIFICATE OF DEATH.

Date of Death, November 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harrison M. Winks

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* Three *Months,* Sixteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 89 S. Washington St.

Cause of Death, First, (Primary,) Injury.

Second, (Immediate,) Hydrocephalus

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov 22nd 1879

Nicholas L. Dashiell M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 86217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1879

CERTIFICATE OF DEATH.

Date of Death, Thursday Nov. 20 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Elizabeth Newberry

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 3 *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 126 Vine St.

Cause of Death {First, (Primary,) —
Second, (Immediate,) Hemorrhage
6 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 21st 1879

Undertaker, Wm. H. Enoch

Place of Business, No 61 East St

Dr Smith Jones M. D.
Medical Attendant.

Address, 532 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene D. Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} H. St. Charles & Hoffman Sts

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Novem 21st 1879

Undertaker, Wm. N. Engel

Place of Business, No 62 East St

E. Hall Rulison M. D.
Medical Attendant.

Address 156 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 36219

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Willis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 12 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 29 New Church St

Cause of Death, First, (Primary,) Inan Nutritious (Cachexia)

Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 21 "1879

Undertaker, W. Jas Gray

Place of Business, Mulberry St

Thos A Steuart M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman (CLERK.)

The Special Attention of the ... is respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 19 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter A Jackson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 57 Hanover Lane

Cause of Death, First, (Primary,) Inflammation of Brain

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 20 1879

James McFaul M. D.
Medical Attendant.

Undertaker, W. T. Kennard

Place of Business, 301 Hanover

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of Health ... ...more,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth E. Beach

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Eight *Years,* Eight *Months,* Sixteen *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Pratt & Eutaw Sts.

Cause of Death, First (Primary,) Scarlet-fever

Second (Immediate,) Kidney Trouble

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Saturday Nov 22d

Undertaker, J. H. Weaver

Place of Business, 22 Fayette St

E. Hall Ruth M. D.
Medical Attendant.

Address 167 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* it, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 19. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Elizabeth Meagher Bernard

Sex, Male or Female, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Race City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} Division of the Mechanics

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Asthenia = Duration of last sickness, and symptoms

Duration of last Sickness, was under care of Dr Taney hill about 3 days before death

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov 22nd 1879

Undertaker, Chas T Scriven

Place of Business, 270 N Eutaw St

Thomas Brown M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } R Howard Jones

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 6 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 14 S. Eutaw

Cause of Death { First, (Primary,) Chronic Gastro Intestinal Inflamation
Second, (Immediate,) softening of Mucous Membrane

Duration of last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Denton Md

Date of Burial, Nov 22nd

Undertaker, H. Eckhardt

Place of Business, 269 Canton ave.

D. P. Hoffman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

591 Fremont

The Special Attention of Physicia[illegible] respectfully invited to the Remarks below, and to [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Forty Three *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Life(?) time

Place of Death, {Give street and number} 1[illegible] Eutaw

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,) Apoplexy

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Nov 22

[illegible] M. D.

Medical Attendant.

Undertaker, J B Cook

Place of Business, 107 & 41 Bolton St *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Ph... respectfully invited to the Remarks below, and ... Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 21 — 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } A M Gibson

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Seventy-six *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number } [illegible] Hill Ave

Cause of Death, { First, (Primary,) old age / Second, (Immediate,) General Debility

Duration of last Sickness, About Two Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 23d 1879 D G Dorsey M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw *Address,* 87 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE NOV 22 1879

Date of Death, Nov. 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. S. McPherson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Formerly a Physician: none of late years

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 317 Park ave.

Cause of Death, First (Primary.) Senile failure: no organic disease

Second (Immediate.)

Duration of Last Sickness, Strength has been gradually failing for five or six years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery *S. E. Chew* **M. D.**

Date of Burial, Nov 22nd 1879 Medical Attendant.

Undertaker, Stewart & Mowen *Address* 141 Lanvale St

Place of Business, 31 & Park avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry ~~Brown~~ Dunn

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 9 Warner St

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Diphtheritic Croup — One week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Nov 22nd 1879

Undertaker, Wm. J. Ticknor

Place of Business, 65 S. Eutaw

W. L. Legeckis M. D.
Medical Attendant.

Address, 9 W. Lafayette & Cabin Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ellen Willis —

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female —

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single —

Occupation, None —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} — Balto. C

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} S. W. Eagar and McDonough St.

Cause of Death, First (Primary,) Phthisis pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 23rd

Undertaker, George Schilling

Place of Business, N. W. cor. Fairmount & Monument St

Irving Miller M. D.
Medical Attendant.

Address 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 36229

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Messersmith

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number} Cor. Eden & Bidde St.

Cause of Death, First, (Primary,) Consumption (Acute Phthisis)

Second, (Immediate,)

Duration of last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Novemb. 23/79

C. W. Mansfield M. D.
Medical Attendant.

Undertaker, Wm H. Huckman

Place of Business, No. 224 Gay St

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36230

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luniguada Wolfe

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria (14 years in America

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number} St Josephs Hospital no Post M. allowed

Cause of Death First, (Primary,) Ovarian tumor (Supposed Malignant)

Second, (Immediate,) Exhaustion

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Nov. 23d '79

Oscar J. Cokery M. D.
Medical Attendant.

Undertaker, M. Frana

Place of Business, 286 Canton Ave *Address,* 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...this certificate.

Board of Health, City of Baltimore,

Permit No. 36231 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH NOV 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J Gegan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Insurance Agt

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 129 N Charles st

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cemetery

Date of Burial, Nov 24 /79

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St

Physician Buckler M. D.
Medical Attendant.

Address 135 N Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 36232

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Enke

Sex, Male or Female, {cross out the word not required in this line.}

Age, four *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, 45 S. High

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 45 S. High

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) Malignant Sore throat

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 23d 1879

Undertaker, Henry W. Mears

Place of Business, 145 N. Gay St

G. Lehmann, *M. D.*
Medical Attendant.

Address, 223 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36233

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 36233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 21' 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa P. J. Bond

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 13 *Years,* — *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 344 N. Gilmore St.

Cause of Death, First, (Primary,) Bright's Disease of Kidneys

Second, (Immediate,) " " "

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Nov 23d 1879

Undertaker, Hughes & Bro

Place of Business, 561 Fayette St

Thomas O'Brien M. D.
Medical Attendant.

Address, 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36234

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36234

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st 1877.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Smith.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 36 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mass, (Springfield)

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give street and number} Cor Monument & Dallas

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Nov 23

Undertaker, Ivy & Bro

Place of Business, 54 N Broadway

J. M. Chambers M. D.
Medical Attendant.

Address, 210 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 36236

Board of Health, City of Baltimore,

Permit No. 36235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th Nov. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Jones

Sex, Male or Female, { cross out the word not required in this line. } F

Age, 28 *Years,* 3 *Months,* ..... *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number } 82. Hill St

Cause of Death, { First, (Primary,) Puerperal Fever

{ Second, (Immediate,) .....

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, Nov 25th 1879

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

H. H. Webster M. D.
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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PUBL. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 36236

Board of Health, City of Baltimore,

rmit No. 36236

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* , to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22nd November 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rogers

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 227 Battery av.

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Nov 29th 1879

Undertaker, Knotts & Lemmon

Place of Business, 263 Light St

14 N Webster M. D.
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a Full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36237

Special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Rosenauer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 108 Low street

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Edon St Helena Cemetery

Date of Burial, Nov 23 th 1879

Undertaker, Wm Eilau

Place of Business, 101 Gough St

John J Litzer M. D.
Medical Attendant.

Address, 160 Saratoga street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36238

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 mo 22d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Kohlmeyer.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number} No 8 St Peters St

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Nov 24th 1879

Wm Riley, M. D.
Medical Attendant.

Undertaker, John Slacher

Place of Business, No 150 Camden Address, 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Schmidt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* — *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bayern, Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} No 96 Payson St

Cause of Death, {First (Primary,) / Second (Immediate,)} Chronic Uterine and Pulmonary Disease

Duration of Last Sickness, Several years duration

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus County

Date of Burial,

Undertaker, A Kohler

Place of Business, 244 E Fremont

James Armitage M. D.
Medical Attendant.

Address No 14 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 36240

...ttention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hays Dolly

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Three *Years,* Nine *Months,* Six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} N. E. Cor. Bond & Dunham Sts.

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, New M. E. Cemetery

Date of Burial, Nov. 23 79 W. H. Cleveland M. D.

Medical Attendant.

Undertaker, Henry Sanders

Place of Business, 252 Canton *Address,* No 02 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36241

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A Jenkins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 0 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 88 S. Ann Street

Cause of Death, First, (Primary.) Erysipelas

Second, (Immediate,) Meningitis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, Nov 23rd 1879

Chas E. Jones M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Av *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 36242

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36463

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine & Bernard Flack

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Parents

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 272 Cross Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Eclampsia

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 23d 1879

James A. Steuart M. D.

Undertaker, Celius Koehler

Place of Business, Sharp & Cross

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by E. Wenman (over.)

The Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline E. Pratt

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No. 308 E. Monument

Cause of Death { First, (Primary.) Anemia
Second, (Immediate.) .....

Duration of last Sickness, since its birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 22nd

Francis A. Sauer M. D.
Medical Attendant,

Undertaker, Thurston & Locke

Place of Business, 73 Jefferson *Address,* 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36244

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 November 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Addison

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — ~~*Days.*~~

Color, Mulatto.

Married, ~~*Single, Widow or Widower;*~~ {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 155 S. Duncan alley.

Cause of Death, First, (Primary,) Pneumonia, occurring in the phthisical subject.

Second, (Immediate,) Apnea

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cath. Cemetery

Date of Burial, 11/24/99

Undertaker, Wm. Fowler

Place of Business,

E. T. Leonard M. D.
Medical Attendant.

Address, 26 S Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucien J. Carpenter

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 40 *Years,* 3 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Minister

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Vermont

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} No 14 Fairmount Ave

Cause of Death, {First (Primary,) (Paralysis of the Heart)
Second (Immediate,) (sudden death)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, November 24th 1879

Undertaker, Denny & Mitchell

Place of Business, 658 Broadway

Thomas J Evans M.D.
Medical Attendant.

Address. 22 Lexington Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday Nov 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin L Sellers

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 48 *Years,* ——— *Months,* ——— *Days*

Color, ———

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ———

Occupation, Puder

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Asthenia (No 54 O Donnell St

Cause of Death, First (Primary,) Uraemia

Second (Immediate,) Two weeks

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, November 24th 1879

Undertaker, Dennis & Mitchell

Place of Business, 655 Broadway

J E Richard M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]47

The [illegible]ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Kennard

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.} Male

Age, Twenty-four *Years,* *Months,* *Days.*

Color, Dark

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} No 7 Orchard Pl

Cause of Death, {First, (Primary.) {Second, (Immediate,)} Pulmonary Consumption

Duration of last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 23 1879

Undertaker, John C. Jordan

Place of Business, 1663 Park

J. E. Rieur M. D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36248

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Zimmer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 48 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number} 327 Canton Ave.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Phthisis, pulmonalis

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, Nov. 24th 1879

Undertaker, C. Eckhard

Place of Business, 267 Canton ave.

Aug. H. Ehrich *M. D.*
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 49

The Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 A.M. November 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Brower

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, 63 *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, (Formerly) Stage & St. Car Driver.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dutches Co. New York.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} Elisabeth Lane near Randall st.

Cause of Death, First, (Primary,) Chronic Bright's Disease

Second, (Immediate,) Asthenia -

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, 11 23 79

R. B. Fishburne M. D.
Medical Attendant.

Undertaker, Amerine & Dean

Place of Business, 132 Light St

Address, 564 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[07.11.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36250

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Jurusing

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 71 Forrest Al.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov 23th 1875

R. B. Morrison M. D.
Medical Attendant.

Undertaker, Chas T Scruton

Place of Business, 220 N Eutaw St *Address,* General Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah V. Brayden

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore all her life

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 231 East Madison St

Cause of Death First, (Primary,) Dont Know

Second, (Immediate,) Ascites

Duration of last Sickness, Cant tell was only called in a few days before death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 24th 1879

Undertaker, Chas T Serium

Place of Business, 270 W Eutaw St

by Thomas Sheare M. D.
Medical Attendant.

Address, 9 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 1355

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1355 31552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James C Wells

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Seven & dys *Years,* *Months,* 6 da *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life except 7 days

Place of Death, {Give street and number} No 45 Slate Al

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24th 1879

Undertaker, Wm J Gray

Place of Business, 66 Mulberry St

D G Rees *M. D.*
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. H. McCann

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Twenty Nine *Years,* Six *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer & Market Man

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} No 183 Columbia

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, November 24th 1879 [illegible] *M. D.*

Medical Attendant.

Undertaker, Th. J. Hill

Place of Business, 183 Columbia *Address,* 183 Col.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. V. Scott

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 2 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 154 Pierce St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) 4

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Lebanon Cemetery

Date of Burial, Nov 23 1879

Undertaker, Wm M. Dungan

Place of Business, No 62 East St

Thos Opie M. D.
Medical Attendant.

Address, 587 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3 6 2 5 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Caroline Kirchelbein

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* 9 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Light St 205

Cause of Death, {First (Primary.) Tuberculor meningitis / Second (Immediate.) Weakness

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wilson Cemetery

Date of Burial, 23d November

Undertaker, B Hoke

Place of Business, Light St

L E Pleinhart M. D.
Medical Attendant.

Address 224 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H H Sanders

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Hagerstown Md

Duration of Residence in the City of Baltimore, born 4 Years

Place of Death, {Give street and number} 7 Lehman Alley Lehman

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Supposed Pneumonia

Duration of last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md

Date of Burial, Nov 24th 1879

Undertaker, Lease & Bruns

Place of Business, 255 E Eutaw St

J Lunsford Clemm M. D.
Medical Attendant

Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Emanuel Weinman

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31557.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Guntherman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 7 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 370 Hanover St

Cause of Death, { First (Primary,) Trismus nascentium
Second (Immediate,) 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 24 Th 1879

{ *Undertaker,* Julius Koehler
Place of Business, Sharp & Cross sts

H. Liebmann ..... *M. D.*
Medical Attendant.

Address 223 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hortilla Cooke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, four Months, Days.

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Rebecca St- 202

Cause of Death, {First (Primary,) Congestion of the brain

Second (Immediate,)

Duration of Last Sickness, Ten weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov. 24th

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

A. E. Warner M. D.
Medical Attendant.

Address 62 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 24. 1879

CERTIFICATE OF DEATH.

Date of Death, Nov. 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Chas. Kelly

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 35 Wilson St.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Tetanus Neonatorum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 24 Nov 10 Oclock

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Eutaw Street

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. C

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23 /79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christy S Brown

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days.*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, nw

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pa

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and number } 282 W Hoffman st

Cause of Death, { First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage from lungs

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, November 25th 1879

Undertaker, Wm Weaver

Place of Business, No 202 E Eutaw St

J Hutton *M. D.*
Medical Attendant.

Address, 78 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 22d 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Francis Clumey

Sex, Male ~~or Female,~~ { cross out the word not required in this line. } Male

Age, 26 *Years,* 10 *Months,* 20 *Days.*

~~*Color,*~~

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Factory-hand

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 97 Wilkelm St

Cause of Death, { First, (Primary,) Pulmonary Tuberculosis / Second, (Immediate,) ...

Duration of last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

C. C. McDonald M. D.
Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Butler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, white

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} Balt.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Monument St. cor. Duncan

Cause of Death First, (Primary,) Pulmonal Catarrh (Chron

Second, (Immediate,) & Pleurisy

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial Mt. Calvary Cemetery

Date of Burial, Nov 25-79

Undertaker, Ry & Son

Place of Business, 522 Broadway

H. L. Luck M. D.
Medical Attendant.

Address, Balt. & Mad. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie D. Owen

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Thirty nine *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 131 McElderry St.

Cause of Death, First, (Primary,) Severe cold

Second, (Immediate,) Consumption

Duration of last Sickness, About a month.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 24 79

Undertaker, Fry & Pue

Place of Business, 54 N Broadway

Milton N. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...this Certificate.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 36264

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...he Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Johnson

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, Twenty, *Years,* ... *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} S. Howard st - 339

Cause of Death, {First (Primary,) Scrofula

Second (Immediate,) Two Years

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetary

Date of Burial, November 24th

{*Undertaker,* H. E. Ross

Place of Business, 95 Conway St.

R. E. Warren M. D.
Medical Attendant.

Address 62 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ians is respectfully invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha J. Cook

Sex, Male or Female, { cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lived in the County

Place of Death, { Give street and number } 388 Myrtle Ave

Cause of Death { First, (Primary,) Phlegmonous Erysipelas of Leg

, { Second, (Immediate,) Complicated with Malignant Diphtheria

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Nov 25th '79

Thomas Shearer M. D.
Medical Attendant.

Undertaker, Stewart & Mowen

Place of Business, 35 N. Paca St. *Address,* 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 36266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Died Nov 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Girl

Age, ... *Years,* ... *Months,* 5 Weeks, *Days.*

Color, Colored *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 4 Water's Court

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) ...

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Y. and Cemetery

Date of Burial, Nov. 23 1879

Undertaker, Wm. F. Bishop Jr.

Place of Business, 97 Druid Hill ave

Wm. F. Brown, M. D.
Medical Attendant.

Address Paca St one door below Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. _____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L O'Gorman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* _____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 122 Hollins

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) 4

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, 24th

Thomas O'Sullivan M. D.
Medical Attendant.

Undertaker, Matthew Cullinan for

Place of Business, 227 Hanover *Address,* 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 23. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Prosser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Flemmer's Alley

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross ~~St Patrick's~~ Cemetery

Date of Burial, Nov 24 1879

J. W. P. Bates *M. D.*

Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N. Front St *Address* 1½ S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 36269

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helen Schaul

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ 5 1/2 Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 332 W Lombard St

Cause of Death, { First, (Primary,) Premature Birth / Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov 25 1879

Undertaker, G. S. Watts

Place of Business, 274 Lexington

H. A. Spencer M. D.
Medical Attendant.

Address, 97 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36270

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 Nov. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Grant Fox

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* Six ~~Months~~, Weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 245 E. Biddle st,

Cause of Death { First, (Primary,) Insufficiency of Heart
Second, (Immediate,) Asphyxia dilatation of left ventricle

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 25th/79

Undertaker, George Schilling

Place of Business, Ashland & Eyman

John F. Monnett M. D.
Medical Attendant.

Address, S. W. Calvert & Read sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36271

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 23d. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Harman Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* 10 *Months,* 9 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Register of Wills

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number} No 67 Cumberland St. Balto

Cause of Death, First, (Primary.) Acute Pneumonia

Second, (Immediate,)

Duration of last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Nov 25 Christopher Johnston M. D.

Medical Attendant.

Undertaker, Geo W Spence

Place of Business, 16 Light St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 36272

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence E. Sandras

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balto Cemetery

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7e Edward St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Convulsions

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24th 1879

Undertaker, C. A. White

Place of Business, Granby St

James A. Steuart M. D.

Attending Physician.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wineman

[OVER.]

No. 36273

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21 St 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie. Harding

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 151 Cross St

Cause of Death { First, (Primary,) Congestion of the Brain
Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, November 22

Undertaker, B. Hanke

Place of Business, 1[illegible] Light St

J. Ostarrington M. D.
Medical Attendant.

Address, 921 Leg'ht St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36274

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36274.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Lawrence Brooks

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} None

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 56 S. Church St.

Cause of Death, First, (Primary,) unknown

Second, (Immediate,) Albuminuria

Duration of last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Nov 24

Undertaker, B Hall

Place of Business, 411 Light St.

H A Lewis M. D.
Medical Attendant.

Address, 56 S Church St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36275

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Callahan

Sex, Male or Female, {cross out the word not required in this line.}

Age, Twelve (12) *Years,* Eleven (11) *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Bookkeeper & Printer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 10 Bond St.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Nov 24 1879

Edward Pudritch M. D.
Medical Attendant.

Undertaker, Jas O. Byrne

Place of Business, 63 Front *Address,* 10 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36276

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 22. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry

Sex, Male or Female, {cross out the word not required in this line.} male

Age, _____ *Years,* _____ *Months,* about 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Institution 5 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Congenital Syphilis

Second, (Immediate,) Asthenia

Duration of last Sickness, From reception

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov. 24. 1879

Martin Brewer M. D.
Medical Attendant.

Undertaker, Daniel Brown

Place of Business, 16 Division St.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36277

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 21. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* about 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Instantaneous 10 days

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 24 1879

Undertaker, Saml Brown

Place of Business, 156 Division St

Martin Brewer *M. D.*
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36278

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23-5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bradfun

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 1 mo.

Place of Death, {Give street and number} 156 William St

Cause of Death { First, (Primary,) Insanitis
Second, (Immediate,) 1 mo.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 24 1879

Undertaker, Kemp & Son

Place of Business, 269 Pratt St

R. W. Ellis M. D.
Medical Attendant.

Address, 35 Lyon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36279

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36279

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Green

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* —— *Months,* —— *Days.*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 28 Clemmer's Alley

Cause of Death, First, (Primary,) Injury from a fall from

Second, (Immediate,) a building about 18 months ago

Duration of last Sickness, 18 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 24th 1879

James A Steuart M. D.
~~Medical Attendant~~

Undertaker, C. E. White

Place of Business, Granby St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Examined by E. Weinman (OVER.)

36280

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1879

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Ann Wesley

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 85 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 326 ½ Fountain St

Cause of Death, { First, (Primary,) Old age

Second, (Immediate,) .....

Duration of last Sickness, Bed ridden for a few hours

All the above information should be furnished by the Physician.

Place of Burial Louden Park Cemetery

Date of Burial, Nov 26th 1879

Undertaker, J C B Cook

Place of Business, No 707 W Baltimore Street *Address,* .....

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36281

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36281

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any [illegible] *filled out*, to the Undertaker or other perso[illegible] d, or sooner, if requested so to do, under [illegible]

36281

NO PERMIT FOR [illegible] OBTAINED WITHOUT A [illegible]

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Garvin

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 72 Portland St

Cause of Death, { First, (Primary,) Typhoid Pneumonia / Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 25th 1879

Undertaker, Fred W. Foll

Place of Business, 131 Hanover St

James A Clem M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Date of death - Nov. 24th, 1899.
Name - John Gavin.
Male.
Age - 3 years 6 months
Color - White
Occupation - None
Birthplace, Baltic.,
Duration of Residence in B.C. Life
Place of death, 72, Portland St.
Cause (Primary Typhoid Pneumonia
of Death (Secondary Exhaustion.
Duration of last sickness, 4 weeks

Sgd. Geo. W. Leach, M.D.

128 Park Av.

#3628

See following certificate

No. 36282

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 24/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Kane

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 61 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } 19 Bond st

Cause of Death, { First, (Primary,) Paralysis

{ Second, (Immediate,)

Duration of last Sickness, five (5) months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Nov 26th 1879

Undertaker, J B Coots

Place of Business, No 707 N Baltimore street

A. L. Gihon M. D.
Medical Attendant.

Address, 37 W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36283

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Novbr 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Wormser

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Two (2) *Months,* Four (4) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 37 N Canal St

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, 25 Nov 1879

Undertaker, Wm Eilau

Place of Business, 101 Gough St

H W Elsner M. D.
Medical Attendant.

Address, 1 E Eager cor Caroline Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st November 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Prosser

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 5 Slammer's Alley

Cause of Death, First (Primary,) Scarlatina

Second (Immediate,) Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 23 1879

J. W. P. Bates *M. D.*
Medical Attendant.

{*Undertaker,* James O'Byrne
Place of Business, No 63 N Front St Address 1½ So. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 36285

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 25 1879

Date of Death, Nov. 22nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Miller

Sex, Male or Female, {cross out the word not required in this line,} Male

Age, 27 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Acute Pericarditis
, Second, (Immediate,) Syncope (collapse)

Duration of last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial, E. B. P. Cemetery

Date of Burial, Nov. 25th 1879

Undertaker, P. Mullen

Place of Business, ——

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36286

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Ennolls

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Mulatto

Age, ——— *Years,* ——— *Months,* One *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Duncans alley near Balto St

Cause of Death, First, (Primary,) Prematures Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, a few hrs Life

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemy

Date of Burial, Nov 25th 1879

Undertaker, Pat Mullen

Place of Business, 2 Park ave

James A Steuart M. D.
~~Medical Examiner.~~

Address, Comm'rs of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E Wenman

[OVER.]

No. 36287

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 25 1899

Date of Death, Nov 22 - 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moriah Thompson

Sex, Male or Female, {cross out the word not required in this line.}

Age, Fifty-three *Years,* Eight *Months,* ..... *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, About Thirty years

Place of Death, {Give street and number} No 2 Cross alley

Cause of Death, First, (Primary,) Ovarian Tumor

Second, (Immediate,) Dropsy

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 23 1899

Undertaker, H Chase

Place of Business, 17 S Howard St

J R Green *M. D.*
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ease on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 25 1879

CERTIFICATE OF DEATH.

Date of Death, 21 1879 of November

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emely Banks

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, Colard

Married, ~~Single~~, Widow or ~~Widower~~; {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Winchester Va.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} No 40 Lyon St

Cause of Death, {First (Primary,) Cancer and Second (Immediate,) Dropsy} 2 years and a half

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Romah

Date of Burial, Nov 26 1879

Undertaker, S W Chase

Place of Business, 101 Hanover

Wm Hunt M.D.
Medical Attendant.

Address, No 36 Davis St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...he Special Attention of Phys... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd 1879 (Mages)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R. Mages

~~Sex, Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} On Bath & Eutaw

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Nov 25th 1879

Undertaker, Jas V. Mages

Place of Business, Balto & Exeter *Address,* 7 L. Light

J. Donnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ne Special Attention of Phys... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1879,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Bowen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number} 77 N Carey st.

Cause of Death { First, (Primary.) ——— Second, (Immediate,) old age sudden death,

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Grays Inn - Md

Date of Burial, Nov 25th 1879

Geo C Gobb Coroner, M. D.
Medical Attendant.

Undertaker, Denny and Mitchell

Place of Business, 550 W Fayette st *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1595 Fawcett

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert August Marks

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 2 yrs 1 month

Place of Death, {Give street and number} 494 Pa av

Cause of Death First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Suffocation

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov. 25

Geo Waesland M. D.
Medical Attendant.

Undertaker, Walter Immel

Place of Business, 262 W. Biddle *Address,* 28 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36494.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th of November 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kunigunda Otto

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} No 174 South Bond Street

Cause of Death, First (Primary,) Affection of Brain

Second (Immediate,) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, November 26

Charles Koerner M. D.
Medical Attendant.

Undertaker, Wendelin Diffel

Place of Business, Bond St 151 *Address* nrs 214. S. Bond str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 36290

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary Kuttle

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } —

Age, 52 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, { Give street and number } # 114 O. Dallas

Cause of Death, First, (Primary,) Cancer of Uterus

Second, (Immediate,)

Duration of last Sickness, Lethal years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, November 26

Undertaker, Wenkelm Dryde

Place of Business, Barnell Ave

Abram B. Arnold M. D.
Medical Attendant.

Address, 7 S. High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Heinrich Hekl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53, *Years,* 11. *Months,* *Days.*

Color, W *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Restaurant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germaine

Duration of Residence in the City of Baltimore, 28

Place of Death, {Give street and number.} N. 187 Lexington St Baltimore

Cause of Death, First (Primary,) Phthisis Pulmonales

Second (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park Cemetery

Date of Burial, 27th November

Undertaker, Conrad Knickel.

Place of Business, No 60 Park ave,

John M. Th Parelli M. D.
N. 88 E Lombard St Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 36295

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E Sanders'

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* 9 *Months,* 19 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} No 7 Lairmans alley

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Nov 25th 1879

J Shelton Hill M. D.
Medical Attendant.

Undertaker, Owens & Sevens

Place of Business, St.

Address, 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 03d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Whitworth

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 116 north Bond st

Cause of Death { First, (Primary,) Second, (Immediate,) } Pulmonary Consumption

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Nov. 25th 1879

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Joseph McCauley

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 7 *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born.

Place of Death, {Give street and number} 32 East Baltimore st

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 25th 1879

Undertaker, Henry W. Mears

Place of Business, 146 N. Gay St Address, 27 N. Broadway

P. Gen. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 25 1879 MORE

Date of Death, November 25/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E Kroner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seven *Years,* Three *Months,* ~~*Days,*~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 382 N. Washington 4th

Cause of Death, {First (Primary,) 2 Abscess Membranous Laryngitis
Second (Immediate,) Acute

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St Mathie Centre

Date of Burial, Nov. 26th 1879.

{*Undertaker,* H. Hofmann
Place of Business, 63 N. Eden St.

A Aranovsky M.D.
Medical Attendant.

Address 254 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} father is Mr Joseph H Deering

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} male & was a premature birth

Age, about one month pregnancy only a few minutes ~~Years, Months,~~ old Days.

Color, White *Sex,* male

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 163 Madison Ave

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 163 Madison

Cause of Death, {First (Primary,) a sudden shock
Second (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Nov 26 1879

Undertaker, Joseph H Deering

Place of Business, 163 Madison Ave

John C Harris M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachael Elizabeth Downing.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Four *Months,* Ten *Days.*

Color, colored *Sex,* female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 25 Vincent St.

Cause of Death, {First (Primary,) Indigestion, non assimilation

Second (Immediate,) Inanition

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 25th 1879

Undertaker, Wm. N. Driggs

Place of Business, No 62 East St

J. W. L. Jordan M. D.
Medical Attendant.

Address 632 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 36301

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th November 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Cuyler

Sex, Male or Female, {cross out the word not required in this line.}

Age, (4) Four *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number} No 205. Bolton Street

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Malignant Scarlet fever

Duration of last Sickness, about 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Nov 26/99

McCuan Bitner M. D.
Medical Attendant.

Undertaker, Stewart & Mahon

Place of Business, 35 - Park *Address,* 47 - Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36302

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Harris

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 36 Hillman St

Cause of Death { First, (Primary,) Croup - (No Memb.)
Second, (Immediate,) Apnea

Duration of last Sickness, 16 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 26 1879

Undertaker, Henry Speck

Place of Business, 309 Central Ave *Address,* 256 N Eden St

F A Wane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1879

CERTIFICATE OF DEATH.

Date of Death, November 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Reilly

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Hunter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} South Eden

Cause of Death { First, (Primary,) Baltimore
Second, (Immediate,) Typhoid Fever
Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 26th Nov

Undertaker, Perkins & Bro

Place of Business, 130 Henrietta

H. D. Bruce M. D.
Medical Attendant.

Address, 1[illegible] Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wm Wolf

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 5 Parish Pl.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Infantile convulsions Sudden death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 26th 1879

Undertaker, J. M. Leonard & Son

Place of Business, 752 W. Baltimore *Address,*

Isaac C. Ogle Comm'r M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E. Barton.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 76 *Years,* 8 *Months,* 20 *Days.*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 236 Carey St. Buried from 216 E. Balto St.

Cause of Death, {First (Primary,) Typho Malarial Fever

Second (Immediate,) Congestion of Lungs.

Duration of Last Sickness, 13 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Nov 27th 1879

Undertaker, Thos J Hughes

Place of Business, 60 E Baltimore st

Jno. J. Lamb. M. D.
Medical Attendant.

Address 227 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18"

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Petting

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 76 Hillsdale St.

Cause of Death { First, (Primary,) — Second, (Immediate,) Apoplexy

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, [illegible]

Undertaker, L. Wiegand

Place of Business, 166 Bridge [illegible] *Address,* 146 Hanover St

Theodore Lotz M. D.
Medical Attendant.

HEALTH DEPARTMENT NOV 26 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 36307

Board of Health, City of Baltimore,

Permit No. 36307

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Oct 24

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Nelson

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, about 24 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 22 b Fine St

Cause of Death, { First, (Primary,) Phthisis

{ Second, (Immediate,)

Duration of last Sickness, about 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Oct 26th 1879

Undertaker, Wm. N. Downes

Place of Business, No 62 East St

R K Knell M. D.
Medical Attendant.

Address, 662 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36308

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Simpson

Sex, Male or Female, {cross out the word not required in this line.} ~~M~~ Female

Age, 1 *Years,* 8 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 263 Railway St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 25th 1879

Undertaker, Wm N. Dungee

Place of Business, No 62 East St

A. M. Hill M. D.
Medical Attendant.

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —— Life

Place of Death, {Give street and number.} 180 Columbia Ave.

Cause of Death, First (Primary.) ——

Second (Immediate,) Congestion of lungs

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, Nov 27th 1879

Undertaker, John S Mercer

Place of Business, 150 Cornhill

H. W Weber *M. D.*
Medical Attendant.

Address 320 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 26 1879 BALTIMORE

Date of Death, Nov 23 5.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H. Harman

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 *Years,* 2 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 2

Place of Death, { Give street and number } 41 Edwin Av

Cause of Death { First, (Primary,) Pseudo-membranous Croup.
Second, (Immediate,) 4 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Nov 26 1879

Undertaker, Arnet & Dunn

Place of Business, Light St *Address,* 315 Light St.

J. H. Elliott M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36311

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 25 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paulina L Diederich

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 8 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give street and number } 12 Lloyd St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Nov 27th/79

Undertaker, George Schilling

Place of Business, Holland Lane

Abram B Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTED BY J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 86312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Nelson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, Black

~~*Married, Single,*~~ *Widow* ~~or Widower;~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 50 years—

Place of Death, {Give street and number} No 149 Chapel St

Cause of Death { First, (Primary,) Cancer— Second, (Immediate,) Chronic Bronchitis—

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 26th 1879

Undertaker, Theo J Fooks

Place of Business, 730 Jefferson St

Jno. C. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Washington

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} S. Durham, Bet. Bank St. and Eastern Ave.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Asthenia

Duration of last Sickness, About Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem'y

Date of Burial, Nov 26th 1879

J. L. Hilkus M. D.
Medical Attendant.

Undertaker, Theo J Locke

Place of Business, 73 Jefferson *Address,* 1 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johns

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 25 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge, Maryland.

Duration of Residence in the City of Baltimore, About 13 years

Place of Death, {Give street and number} 75 S. Dallas St.

Cause of Death { First, (Primary,) Miscarriage - Acute Metritis
Second, (Immediate,) Asthenia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Nov 27th 1879

G. L. Wilkins M. D.
Medical Attendant.

Undertaker, Theo. J. Locke

Place of Business, 73 Jefferson *Address,* 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 23rd 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nellie Webster

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, from date of birth

Place of Death, { Give street and number. } 109 N. Chadwick St

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,) Always feeble

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery E. H. White M. D.

Medical Attendant.

Date of Burial, Nov 25th 1879

Undertaker, Theo. Gochs

Place of Business, 76 Lexington St *Address* 109 N. Chadwick St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26 Nov 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gibbons

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 5 Etting St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, sick for 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 27th 1879

Chas L Warner M. D.
Medical Attendant.

Undertaker, Edw'd T Scriven

Place of Business, 211 N Eutaw St

Address, Cor Stricker & Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 36317

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank. Platt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* 5 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Telegraph Operator

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 220 Montgomery st

Cause of Death {First, (Primary,) .....
Second, (Immediate,) Phthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, November 26 1879

Undertaker, Henry Snider

Place of Business, 252 Canton Ave

Received Oct 6 + M. D.
Medical Attendant.

Address, 116 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36310

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac James Gale

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 157 Raborg St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Wards St. Cem

Date of Burial, Nov 26 1879 Thos A Hearn M. D.

Undertaker, Owen & Sievers

Place of Business, S. Eutaw St. *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wiseman

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margrit A. Reynolds

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 82 *Years,* 5 *Months,* — *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 29 & Leraso Street

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Old age & Exhaustion

Duration of last Sickness, The disease has been gradually declining for 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Nov 27 79

Undertaker, [illegible]

Place of Business, [illegible]

Z. N. Wiley M. D.
Medical Attendant.

Address, 158 N. Howard St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24. 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Stuart

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 87 *Years,* ... *Months,* ... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Eighty two years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 121 Park St.

Cause of Death { First, (Primary,) Old Age
, Second, (Immediate,) Old Age

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 26 77

Undertaker, W. S. Gary

Place of Business, 65 Mulberry st

Dr. S. Boze M. D.
Medical Attendant.

Address, 201 Dugan St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, September 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Patrick Dan[illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 92 " Shirley St

Cause of Death, First, (Primary.) Bronchial Cramp

Second, (Immediate,)

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetary

Date of Burial, Nov 26 1879

A. C. Wilson *M. D.*
Medical Attendant.

Undertaker, Charles A White

Place of Business, 35 Hanover st *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36322

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Sheehan

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 102 Eastern Ave.

Cause of Death, {First (Primary,) Empy Emia

Second (Immediate,) Two Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 26 th

Undertaker, H. C. Kiefuld

Place of Business, 90 Greenmount av

Geo. Brooke Boyle M.D.
Medical Attendant.

Address, 116 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

36323

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. [redacted] 23,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Babetta Shankweiler,

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 76 *Years,* 5 *Months,* 3 *Days*

Color, White

Married ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Europe.

Duration of Residence in the City of Baltimore, 26 Years.

Place of Death, {Give street and number.} 193. Lemmon St.

Cause of Death, {First (Primary.) General Debility.

Second (Immediate.)

Duration of Last Sickness, Has been an invalid for 4 Years.

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cemetery

Date of Burial, Jan. 26

Undertaker, C. Hollanders & Sons

Place of Business, 22 N. Paca St.

John L. R. Wilson M.D.
Medical Attendant.

Address, " "

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Smith

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, [illegible] *Years,* 6 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number } [illegible]

Cause of Death, { First, (Primary,) [illegible]
Second, (Immediate,) Spasms

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Signs Farm Balto County

Date of Burial, Nov 26th

[illegible] *M. D.*
Medical Attendant.

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 360[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Earl

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* One *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 4 Collison's Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 27th 1879 Thos A Glenn M. D.

~~Medical Attendant~~

Undertaker, John C. Jordan

Place of Business, Park ave *Address,* Comm of Steal & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by E. Warnick

No. ....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche V. Easen

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* 13 *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland, (Talbot County)

Duration of Residence in the City of Baltimore, 3 Mths.

Place of Death, {Give street and number} 401 Canton av.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,) Asphyxia.

Duration of last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Talbot Co Md

Date of Burial, Nov 26 1879

Undertaker, Saml Easen

Place of Business, Talbot Co Md

J. H. Chamberlain M. D.
Medical Attendant.

Address, 1111 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1896 Transcribed

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26th 5½ A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joanna Myers

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 17 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No. 160 So. Lexington Avenue

Cause of Death, First, (Primary,) Croup

Second, (Immediate,) Suffocation

Duration of last Sickness, about two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 27th 1879

E. B. Bitzer M. D.
Medical Attendant.

Undertaker, John Lake

Place of Business, 161 E Balto St *Address,* 305 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 36328

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1879 — 730 Pm.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kelly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 17 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 62 Albemarle St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Congestion Brain

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Nov 27th 1879

A L Shertzer MD M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address,* 11 S 18th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 25th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Maria Connelly

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 13 *Years,* 8 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md. Entire Life

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, { Give street and number } 18 Odenton St

Cause of Death { First, (Primary,) Organic Heart Disease.
Second, (Immediate,)

Duration of last Sickness, From 2nd year of age.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Nov 27 1879

Undertaker, James P Byrne

Place of Business, No 63 N. Front St

D. W. Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th November 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J. R. Bobee

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 81 *Years,* ____ *Months,* ____ *Days.*

Color, W

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} France

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 183 S. Calvert

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Nov 28th /79 J. H. W. Webster M. D.

Medical Attendant.

Undertaker, Wm J. Tiekman

Place of Business, 65 S. Eutaw *Address,* 57 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bloss

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 19 *Years,* 7 *Months,* 5 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 741 Hanover

Cause of Death First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Bath Cem

Date of Burial, Nov 28. 1879

Undertaker, Louis Roehler

Place of Business, Monroe & Cross Sts

Thomas Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 36332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 25th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Deaver

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Her life

Place of Death, {Give street and number} 61 [illegible]

Cause of Death, First, (Primary,) Consumption with [illegible]

Second, (Immediate,) Pneumonia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 27th 1878

Undertaker, Thos J Locke

Place of Business, 73 Jefferson St

_____ M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Curley

Sex, Male or Female, {cross out the word not required in this line.} /

Age, / *Years,* 3 *Months,* 2 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 4 Willow St.

Cause of Death First, (Primary,) Scarlet fever

Second, (Immediate,) Septicoemia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Nov. 27th 1879

Undertaker, Adam Link

Place of Business, 461 N. Gay St. *Address,* Hole E. Eager St

Jno. Brooke Bayle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 36334

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Healy

Sex, Male or Female, {cross out the word not required in this line.}

Age, 67 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 333 Mulberry St

Cause of Death First, (Primary,) Fatty degeneration of the Heart

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Nov 27

Undertaker, Mullen Cadogan

Place of Business, 227 Mulberry St

Edwd. F. Michael M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36335 — OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov - 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George R. Ott.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Six (6) *Years,* Three (3) *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Newark Ohio

Duration of Residence in the City of Baltimore, three Months.

Place of Death, {Give street and number.} 165 Lexington Street

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, (5) five days

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park Cem.

Date of Burial, Nov 28th 1879

William B. Hidden M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave

Address 182 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 36330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Schmidt

Sex, Male or Female, {cross out the word not required in this line.} — Female

Age, 4 — *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, City.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 387 Orleans St

Cause of Death First, (Primary,) Scarlet Fever —

Second, (Immediate,) or —

Duration of last Sickness, Two weeks —

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, November 27.

Undertaker, John Kenney

Place of Business, 382 Orleans St

W. O. Johns M. D.
Medical Attendant.

Address, 76 E. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 36337

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacopa Mullinari

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* 5 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore 1½ Years

Place of Death, {Give street and number} Cor Hanover & Hill Sts (194

Cause of Death First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Bone Brae

Date of Burial, Nov 28 1879

Undertaker, C. F. Kraus

Place of Business,

Thomas Cotter M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore,

Permit No. 36338

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes A & Jesse G Delaveen (Parents)

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 15 Months Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 98 N. Bond St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balte Cemetery

Date of Burial, Nov 27 1879

Undertaker, A. Kohler

Place of Business, E. Lombard

James A Sloan M. D.
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 36339

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. F. Strohmaier

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 95. Otterbein St

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Extensive sloughing of the cellular tissue and integuments of the neck

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 28th

Edw. F. Mellwain M. D.
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, #131 Hanover *Address,* 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Saulters

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Gastro-Enteritis & Peritonitis

Duration of last Sickness, [redacted]

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Oliver

Date of Burial, Nov 28 1879

P. B. Brune M. D.
Medical Attendant.

Undertaker, Jas. F. Lowe

Place of Business, Cor Fremont & Balto St

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 36341 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1879 BALTIMORE MD.

Date of Death, Nov 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethel Daisy Benson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 191 Hollins st

Cause of Death, First (Primary,)

Second (Immediate,) Inflammation of the Brain

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Nov 28th 1879

P. V. Benson M. D.
Medical Attendant.

Undertaker, J. M. Leonard & Son

Place of Business, 782 W. Baltimore *Address.* 191 Hollins st

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ne special attention of ...

Board of Health, City of Baltimore,

Permit No. 36342

OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalia Goudick

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, 72 *Years,* ~~—~~ *Months,* ~~—~~ *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

~~Occupation~~,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bohemia

Duration of Residence in the City of Baltimore, 4 years. 6 months

Place of Death, {Give street and number.} No 35 Chapel st

Cause of Death, First (Primary,) Valvular disease of Heart

Second (Immediate,) Dropsy

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Nov 27th 1879

Undertaker, A. Keller

Place of Business, 244 E. Lombard st.

Thomas J. Evans M.D.
Medical Attendant.

Address, 22 Lexington Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of. Baltimor

Permit No. 36343

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ac... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 28 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27 Dr 1879 3 P M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Idie Kimple

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 8 *Years,* 10 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 45 S. High St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Pneumonia

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 30

A Theotis M. D.
Medical Attendant.

Undertaker, Wenkelin Diffel

Place of Business, Bond St 154

Address, 11 S. High St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 36344

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Sullivan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Eighty Seven *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montgomery Co Md.

Duration of Residence in the City of Baltimore, Seven (7) Years

Place of Death, {Give street and number} No 134 Ridgely St

Cause of Death, First, (Primary,) Old Age.

Second, (Immediate,) Anasarca

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Nov 26th 1879 Jno A Dobler M. D.

Medical Attendant.

Undertaker, Julius Kachler

Place of Business, Sharp & Cross Sts. *Address,* 133 E W St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimo[illegible]

Permit No. 36345

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 1879 MORG[illegible]

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Gettier

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll County - Md

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, {Give street and number} 44 Druid Hill Av

Cause of Death {First, (Primary,)

{Second, (Immediate,) Apoplexy

Duration of last Sickness, 5 years since first attack

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 30th 1879

Undertaker, Andrew Lutz

Place of Business, 18 Druid Hill Av

H. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 36346

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

28
1879
MORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elmore

Sex, Male or Female, {cross out the word not required in this line.} [illegible]

Age, 36 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 20 Brasher Alley

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Nov 28th 1879

Undertaker, Chas T Sessions

Place of Business, 271 W Eutaw St

Edward J. Widdess M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...e Special Attention of Ph...

Board of Health, City of Baltimo...

Permit No. 36347

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1879 BALTIMORE

Date of Death, Nov. 27th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Michael Geiger

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cabinet Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} Germany.

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 10 Jefferson St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Strangulated Hernia

Duration of last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemt

Date of Burial, Nov. 29 1879

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave

Francis T. Stone M. D.
Medical Attendant.

Address, 105 N. Eutaw Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimor

Permit No. 36348

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanna Gaeth

Sex, Male or Female, {cross out the word not required in this line.}

Age, 99 *Years,* ..... *Months,* ..... *Days.*

Color, Col

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Took Cousin too old to work

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} No 6 Penin St

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Rheumatism

Duration of last Sickness, Complaining for a long Time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 28 1879

Undertaker, A M Brase

Place of Business, 191 Howard st

W W Kahin M. D.
Medical Attendant.

Address, 192 Pearl st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 36349

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Bailey

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 165 King Ln

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Nov 28 1879

Undertaker, S H Brace

Place of Business, 1619 Eutaw

J. A. Gillis *M. D.*
Medical Attendant.

Address, 1504 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

No. C

Board of Health, City of Baltimore,

Permit No. 36350

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ella Duckette

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* 8 *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 216 E Chestnut ab

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Nov 28 1898

Undertaker, S H Shaw

Place of Business, 1119 Penna Ave

H. H. Hill M. D.

Medical Attendant.

Address, 361 W Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

No.

Board of Health, City of Baltimore,

Permit No. 36351

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Thompson

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 44 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number} Hennings St. # 8

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, Nov 28 1879

Undertaker, ~~Isabel~~ Jesse

Place of Business, Jefferson St

Thomas Stokes M. D.

Address, Comm of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by E. Wenman

[OVER.]

...he Special Attention of ...

Board of Health, City of Baltimo...

Permit No. 36352

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hamilton A. Austin

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 1 *Years,* 3 *Months,* 14 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Penitto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Penitto Md

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Diphtheritic Sore Throat

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 29th 1879

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Geo. H. Jones M. D.
Medical Attendant.

Address, 44 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 36353

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 1879

CERTIFICATE OF DEATH.

Date of Death, November 28 - 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Mary A. Billington

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, Fifty Two *Years,* Eleven *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } No. 20 Laurel Street

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cancer of the Stomach

Duration of last Sickness, Four Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 30

Jno H Clendinen M. D.
Medical Attendant.

Undertaker, Fry Bro

Place of Business, 52 N Broadway *Address,* 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 36352

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 28 1879

CERTIFICATE OF DEATH

Date of Death, Nov. 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Horet

Sex, Male or Female, {Cross out the words not required in this line.} F.

Age, 65 *Years,* ——— *Months,* ——— *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M.

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number.} 12 E. Canal St

Cause of Death, First (Primary,) Uterine Cancer

Second (Immediate,)

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Nov 28th 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front St

H. T. Reynolds M. D.
Medical Attendant.

Address, Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimo

Permit No. 36355

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1879 BALTIMORE

Date of Death, November 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Prosser

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 5 Slemmers Alley

Cause of Death { First, (Primary,) Diphtheritic Croup. , Second, (Immediate,) apnoea

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Nov 28th 1879

J. W. P. Bales M. D.
Medical Attendant.

{ *Undertaker,* Las P Byrne

{ *Place of Business,* 63 Fremont *Address,* 1½ S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 36356

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1879 MORE

Date of Death, November 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Talmer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 136 Forest

Cause of Death { First, (Primary,) Scrofula
Second, (Immediate,)

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, November 28. 1879

Undertaker, J. Davis

Place of Business, 103 Lee St

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o...

Board of Health, City of Baltimo...

Permit No. 36357

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura...* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1879 BALTIMORE

Date of Death, Nov 26- 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kenney

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Watchman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Orleans

Duration of Residence in the City of Baltimore, about 10 years

Place of Death, {Give street and number} 8- Calhoun St- (Cattle)

Cause of Death { First, (Primary,) Conalysis
, { Second, (Immediate,)

Duration of last Sickness, 2- days

All the above information should be furnished by the Physician.

Place of Burial, Holy cross

Date of Burial, Nove 28th 1879

Undertaker, Wm E Chenault

Place of Business, 336 Penna ave

W D Adams M. D.
Medical Attendant,

Address, Carey & Freedman (alley)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimo

Permit No. 36358

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levin Wood

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, clerk.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County Maryland

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number} N 181 Williams St

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) General Cachexia

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md

Date of Burial, Nov 29th 79

Undertaker, Smith Lamm

Place of Business, 263 Light St

Henry Salzer M. D.
Medical Attendant.

Address, 165 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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1899 Issued

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL

Permit No. 36359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eddy Gonall

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower.*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 Yrs 6 Mos,

Place of Death, { Give street and number } No 230 William St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Two (2) Weeks,

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co Md

Date of Burial, Nov 29th 1879

H. L. Smith M. D.
Medical Attendant.

Undertaker, Smith & Kenny

Place of Business, 263 Light St

Address, 379 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

January 1898

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 36360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 22nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Muller

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 11 *Months,* *Days.* 6

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 95 L. Hall St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 95 L. Hall St

Cause of Death { First, (Primary,) Membranous Croup

Second, (Immediate,) 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Novemb. 23

Undertaker, B Peare

Place of Business, 411 Light St

Geo. N. Benson M. D.
Medical Attendant.

Address, 44 Adams

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 36361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lober

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltm

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 35 Portland St

Cause of Death First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 30th

Undertaker, George Leiman Esqr

Place of Business, 389 W. Baltimore St

J. J. Grosh M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Schlitzberger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* ——— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 115 East Baltimore St

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Nov 29 1879

Thomas J. Evans, M. D.
Medical Attendant.

Undertaker, Henry Davidson

Place of Business, 252 Canton Av *Address,* 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 363

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Holliday

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 6th Wilmer alley near Mush

Cause of Death, First, (Primary.) ———

Second, (Immediate,) Consumption

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, Nov 29th 1879

James A Clem M. D.
Medical Attendant

Undertaker, J. W. Chase

Place of Business, 5 Howard St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Roth

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Spring St 125

Cause of Death, First (Primary,) Spasm

Second (Immediate,) Dyptheria

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, Nov. 30th

Undertaker, W. Funk

Place of Business, 38 Eutaw St

John A Schultz M. D.
Medical Attendant.

Address N E Cor Gough & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Woods.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 – *Months,* 21 – *Days.*

Color, White *Sex,* Female,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 330 N Howard St

Cause of Death, First (Primary,) Enteritis.

Second (Immediate,) Encephalitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem't

Date of Burial, Nov 29 1879

Undertaker, Andrews & Hodges

Place of Business, No 406 Druid Hill Ave

E. Evans M. D.
Medical Attendant.

Address Cor of Druid Hill Ave and Hoffman street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3636[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1879 BALTIMORE

Date of Death, Nov 27 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margareta Rapp

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 62 *Years,* 5 *Months,* 23 *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany - 24 years

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number} 165 N. Front St

Cause of Death, First, (Primary,) asthma

Second, (Immediate,) Anaemia - Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem'y

Date of Burial, Nov 28 1879 *James A Steuart* M. D.

~~*Medical Attendant.*~~

Undertaker, W. Schmidt

Place of Business, Eager St *Address,* Comm'r of Health & Reg'r's Train

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - Geo E. Taylor

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Parker

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 69 *Years,* 7 *Months,* 27 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, Oyster Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} # 78 Chestnutt st

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,) (2½) Two hours & half.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loyola Cemetery

Date of Burial, Nov. 30th Sunday

J. E. Gorsuch M. D.
Medical Attendant.

{*Undertaker,* Charles A White

Place of Business, 35 Granby st

Address Cor Aisquith and Fayette sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending tho burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 27. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Wolfington

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 8 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow or Widower.~~ { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number } No 930 N. Bond St.

Cause of Death, { First, (Primary.) Scarlet Fever

Second, (Immediate,) .....

Duration of last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemy

Date of Burial, November 29 '1879

H. L. Shaw M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707. W. Baltimore St. *Address,* 379 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36369

The Physicinn who attended any person in n last illness is responsible for the presentntion of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of lnw.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Cooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* *Months,* *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} No 3 Arcade alley

Cause of Death, First (Primary,) Inflammation of bowels

Second (Immediate,) Fecal abscess

Duration of Last Sickness, 8 hrs

All the above information should be furnished by the Physician.

Place of Burial, Spruce St. Cemetery

Date of Burial, Nov 29th 1879

Jno. E. Clayton M. D.
Medical Attendant.

Undertaker, Wm Lewis Gray

Place of Business, 60 Mulberry st *Address* 18 S. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cary Williams

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Nephritis & Heart Disease

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 2nd 1879

Undertaker, Wm. P. Gray

Place of Business, 63 Madison

G. B. Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV
29
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 28. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Gault

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number} 273 E. Madison St

Cause of Death First, (Primary.) Old age

Second, (Immediate,) Gastritis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 30th 1879

Undertaker, John N. Weaver & Co.

Place of Business, #22 W. Fayette St.

J. W. Hook M. D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 360

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36372

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Engel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tavern Keeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number} 165 West St

Cause of Death, {First, (Primary,) —

Second, (Immediate,) Believed to be Heare disease

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Nov 30th 1879

R C Lee M. D.
{Medical Attendant.} Coroner's D

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address* Hanover Barre &c

NOV 29 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Prescription Blanks.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28 1870

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Morton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore born

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 27 Stirling St

Cause of Death {First, (Primary,) Paralysis of heart

Second, (Immediate,) sudden death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, November 29th

Undertaker, Wm H. Bishop

Place of Business, 97 Druid Hill Ave

Geo C Byrn M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edwin Conn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Car Builder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 328 Aisquith St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, November 30th

Undertaker, Henry Sander

Place of Business, 252 Canton ave

H. B. Billingslea M. D.
Medical Attendant.

Address, Haston ave & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 29 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kerr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Coachmaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 328 Madison St Balto.

Cause of Death, First (Primary,) Injured

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 1st

Undertaker, John C. Keough

Place of Business, 319 Emma Alley Address 91 Pearle St

James C. Stull M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 8 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Nov'r 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Cecil

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 46 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty two years

Place of Death, {Give street and number} Relay Hospital

Cause of Death, First, (Primary,) Cancer of the Stomach & Neck

Second, (Immediate,) Paralysis (Hemiplegia) Marasmus

Duration of last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Nov 30th 1879

Undertaker, W. Gibson

Place of Business, 104 Gough St

T. C. Steiner M. D.
Medical Attendant.

Address, Cor Caroline & East Sts

NOV 29 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alma Filz

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ~ *Years,* 4 *Months,* 10 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 261 N. Fremont

Cause of Death, First (Primary,) General debility, Dyspepsia

Second (Immediate,) paralysis ~

Duration of Last Sickness, ~~Natal~~ since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Nov. 30.

Undertaker, Walter . mmk

Place of Business, 262 W. Baltimore St.

Wallace M.D.
Medical Attendant.

Address 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 36378

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Brandt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 5 Gold Lane

Cause of Death {First, (Primary,) } {Second, (Immediate,) } Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cem

Date of Burial, November 30th

Undertaker, B. Myers Co.

Place of Business, 411 Light St.

Thos. Morgan Cor'r & C. M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 36379

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Gatewood

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [redacted] Prince Georges Co, Md.

Duration of Residence in the City of Baltimore, 46 years.

Place of Death, {Give street and number} No 11 McCulloh St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis (Catarrhal)

Second, (Immediate,) Exhaustion

Duration of last Sickness, 14 years.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, November 29-1879

Undertaker, Wm. H. McSwain

Place of Business, 234 N Gay St.

Geo. L. Taylor M. D.
Medical Attendant.

Address, 246 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Annie Simms

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 7 Shields Alley

Cause of Death, {First (Primary,) Inflammation of Brain. Second (Immediate,) Convulsions

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 30th 1879

Undertaker, White & Bailey

Place of Business, No 1016 Orchard St. No 35 Brandy Street

Eldridge C. Free M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 36381

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E L Paine

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Brakesman on B & O R Road

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} Mt Clare junction.

Cause of Death First, (Primary,) Run over by a car of B & O Rail Road.

Second, (Immediate,) accidental death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 30th 1879

Undertaker, John S Barber

Place of Business, Pace & Camden *Address,* 22 [illegible] st

[illegible] C Ogle Coroner M. D.

Medical Attendant.

HEALTH DEPARTMENT NOV 29 1879

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 36382

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 27: 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kennard

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 74 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 58 S. Inv

Cause of Death { First, (Primary,) Old age
, { Second, (Immediate,)

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, ~~Nov.~~ Dec. 1, 1879

{ *Undertaker,* M. A. Daiyn
{ *Place of Business,* 74 S. Broadway

Henry E. Denmille M. D.
Medical Attendant.

Address, 290 Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1879

CERTIFICATE OF DEATH.

Date of Death, Nov 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Rowe

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 39 *Years.* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philada

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number} 341 E. Gay St

Cause of Death First, (Primary,) Dropsy from Disease of

Second, (Immediate,) the Heart

Duration of last Sickness, Do not Know

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, Nov. 30 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Thomas Shearer M. D.
Medical Attendant.

Address, 97 E. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 36[illegible]

Board of Health, City of Baltimore,

Permit No. 36384

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1879

CERTIFICATE OF DEATH.

Date of Death, Nov. 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Chapman

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 24 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balle City Md

Duration of Residence in the City of Baltimore Life

Place of Death, {Give street and number} 139 Iceland Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Hemorrhage of Lungs

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 30 1879

Undertaker, S. W. Chase

Place of Business, S. Howard St

James A Steuart M. D.

~~Attending Physician~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Enke

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 49 *Years,* 6 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany, 26 years

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 45 S. High St

Cause of Death, First (Primary,) Cancer

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Nov 30th 1879

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

G. Liebmann M. D.
223 W. Lombard
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 27 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jerome Wallin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~2 days~~ *Years,* 2 *Months,* *Days.*

Color, W *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} N 3 Sloctevens ally

Cause of Death, First (Primary,) Burnt by fire

Second (Immediate,) Tetnus

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, Nov 29th 1879

Undertaker, Wm. H. Lingee

Place of Business, No 62 East St

Jno I Caldwell M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1879 BALTIMORE

Date of Death, Nov. 28th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma M. Beck

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 17 St. Peter St.

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Acute Albuminuria

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, Nov. 30.

Undertaker, E. Hirle

Place of Business, 911 Light St.

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No. 30

Board of Health, City of Baltimore,

Permit No. 36388

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

NOV 29 1879 BALTIMORE

Date of Death, Nov 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Clayton

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~~ *Years,* 11 *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 192 Constitution St

Cause of Death, First, (Primary,) Mal Nutrition (artificial)

Second, (Immediate,) Dentition

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Nov 30 1879

Undertaker, John C Jordan

Place of Business, Park ave

Thos A Shaw M. D.

~~Name of Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER]

The Special Attention of Physicians is Requested

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1879

CERTIFICATE OF DEATH.

Date of Death, November 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Curran

Sex, Male or Female, {cross out the word not required in this line.}

Age, 41 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 635 W. Lombard St

Cause of Death, First, (Primary,) Uraemic Poisoning

Second, (Immediate,) Exhaustion

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 1st 1879

Undertaker, Joseph F. Byrne

Place of Business, 69 n Liberty st

W. G. Regester M. D.
Medical Attendant.

Address 1 W Co Fayette & Calvert Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Eliza Reilly

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Dressmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number} 62 Marsh Market

Cause of Death, First, (Primary.) Typhoid Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, Ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Nov 30-1879

R L Burwell M. D.
Medical Attendant.

Undertaker, E. Cox

Place of Business, Cor Bank & Bethel Sts *Address,* 340 Park ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 10 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} 259 East Lombard St

Cause of Death, First (Primary,) Obscure supposed to be

Second (Immediate,) internal convulsions

Duration of Last Sickness, was dying when I saw it & a few hours & probably

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem Jno. C. Beerzinger M. D.

Medical Attendant.

Date of Burial, Nov 30

Undertaker, A. Kahler *Address* Cor Broadway & Pratt

Place of Business, East Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hall

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 31 Central Av

Cause of Death {First, (Primary,) Diarhoea

{Second, (Immediate,)

Duration of last Sickness, abt 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Nov 30th 1879

Undertaker, Charles A White

Place of Business, 35 Granby st

Geo. S Kinnemon M. D.
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...he Special Attention of Physicians is respectfully invited...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36393,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bartenschlager

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 32 years

Place of Death, {Give street and number} 195 W Eager St.

Cause of Death, First, (Primary,) Bronchitis chronic

Second, (Immediate,)

Duration of last Sickness, 5 or 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johannisberg,

Date of Burial, Dec 1st 1879

H. Albers M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. Address, 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Mitchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty five *Years,* ——— *Months,* ——— *Days.*

Color, Mulatto *Sex,* ———

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Draymen

Birthplace, {State or country (and how long in the United States, if of foreign birth.} King St,

Duration of Residence in the City of Baltimore, Twenty-five years -

Place of Death, {Give street and number.} No. 100 - Jasper St,

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) Gen'l Dropsy

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, November 29-1879

{*Undertaker,* Samuel St. Chase

Place of Business, 198 South Howard St

F. B. Gardner M. D.
Medical Attendant.

Address 121 W. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within ~~forty-eight~~ hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

18"

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1877 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th Nov

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Helen Gormall

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Wales

Duration of Residence in the City of Baltimore, 29 years

Place of Death, { Give street and number. } 28 S. Carrollton Ave

Cause of Death, { First (Primary,) Paralysis of the Brain
Second (Immediate,)

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 1st Dec 1877

P. V. Benson M. D.
Medical Attendant.

{ *Undertaker,* S. W. Leonardtown
{ *Place of Business,* 782 W. Baltimore *Address* 191 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick C. & Thos. L. Fratter

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 60 N Bond St.

Cause of Death First, (Primary,) Remittent Fever

Second, (Immediate,) Embolic

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Nov 30th

Geo. L. Kinnemon M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Av *Address,* 13 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 36397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Brauch

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 57 *Years,* ——— *Months,* ——— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, tailor lately watchman B. O. R. R. Depot

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } No 43 Marion Street

Cause of Death, First, (Primary,) Vitium cordis. (Mitral valve hypertrophia to the highest degree (of heart) Thrombosis & Stenosis of

Second, (Immediate,) want of compensation. (heart giving out)

Duration of last Sickness, several years. (Lost suffering ab. on this the last 2 months.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Monday Decr 1st 79

Undertaker, Conrad Kunkel

Place of Business, No 60 Park ave.

Mary Salzer M. D.
Medical Attendant.

Address, 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 36398

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any ... out, to the Undertaker or other person ... sooner, if requested so to do, under penalty of ... or ...

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28 / 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Reynolds

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 19 *Years,* ... *Months,* ... *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} 20 Duncan alley

Cause of Death, First, (Primary,) Miscarriage

Second, (Immediate,) Peritonitis

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Nov 30 1879 James F. Lewis M. D.

~~Medical Attendant.~~ Physician

Undertaker, W. M. Dunnell

Place of Business, East St. *Address,* ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Recd Nov 28th 1879
Name Carline Ennalds
Born Cambridge Talbot Co
Age 19 yrs.
Avocation Cook
Residence in B. 11 yrs
Place of Draft 2 Duncan Sts.
Duration of last sickness att 10 days
Cause Perit Miscarriage
Secondary Peritonitis Pu.
H 36398
See following certificate
Geo L Kemmerer
Pr E Draft.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvester McDonald

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, Born *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 56 South Dallas St.

Cause of Death First, (Primary,) Desquamative Nephritis following Scarlatina

Second, (Immediate,) Oedema of Lungs.

Duration of last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Vincent Cemetery

Date of Burial, Nov. 30th

Undertaker, M. Hunt

Place of Business, 63 Bank St.

John S. Lowe M. D.
Medical Attendant.

Address, No. 1 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Jasper Bartholomew

Sex, Male or Female, {cross out the word not required in this line.}

Age, — 3 *Years,* 1 *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 381 E. Eager St

Cause of Death { First, (Primary,) Bilious Remittent Fever
Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Meth[redacted] Burying Ground

Date of Burial, Nov 30th 1879

Undertaker, Hoy W. Mears

Place of Business, 45. N. Gay St

S. F. Coyner M. D.
Medical Attendant.

Address, 134 N High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 28, 1897

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Clauss

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brewer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} 241 S. Charles

Cause of Death {First, (Primary,) ; Second, (Immediate,) Senesis.

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Nov 30 1897

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Gerhard Loos M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STAT...

Permit No. 36402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Gibbons

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, * 1 *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 102 N. Caroline

Cause of Death — First, (Primary,) Abscess

Second, (Immediate,) Pyaemia

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 1879 Dec. 1st.

J. J. Gross, M. D.
Medical Attendant.

Undertaker, Fry & Bro.

Place of Business, 54 Broadway. *Address,* 137 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 99

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Hardack

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 55 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36

Place of Death, {Give street and number} Not near Gay

Cause of Death, First, (Primary,) Arthritis deformans

Second, (Immediate,) Chronic Bronchitis

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 2nd/99

Abram N. Arnold M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, Ashland Square *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on R...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 364 04

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamett E Goodwick

Sex, Male or Female, {cross out the word not required in this line.}

Age, 50 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 66 Somerset st

Cause of Death { First, (Primary,) Inflamation Kidneys Con
Second, (Immediate,) gestion of Lungs

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, 1 Dec 1879

Undertaker, C. B. Gough

Place of Business, 319 Lemmon

Wm. B. Billingslea M. D.
Medical Attendant.

Address, Hanover and Bilt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday Nov. 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Waters

Sex, Male ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 18 Carrollton Ave.

Cause of Death { First, (Primary,) Jaundice
Second, (Immediate,) 2 days

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 1

Undertaker, J H Cook

Place of Business, 707 West Baltimore

J Dennett Harris M. D.
Medical Attendant.

Address, 532 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1879,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Read

Sex, Male or Female, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, {Give street and number} 482 Eutaw Place

Cause of Death { First, (Primary,) Second, (Immediate,) Supposed Apoplexy, sudden death.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Nov. 30th 1879

Undertaker, [illegible]

Place of Business, [illegible]

Geo. C. Gyle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Stetter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} W. 85 Eastern Av.

Cause of Death First, (Primary,) St Vitus Dance.

Second, (Immediate,) Exhaustion

Duration of last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, ~~Cedar Hill~~ Lowel Home

Date of Burial, Dec 1st 1879.

Undertaker, Peter Frey.

Place of Business, 91 Eastern Av

L C Vanderwerker M. D.
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36408 ~~36430~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Davis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~[illegible]~~ 40 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia 7 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 418 Calvert St.

Cause of Death { First, (Primary,) Cerebral Hemorrhage
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Christ Cemetery

Date of Burial, Dec 29 1899

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36409

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Gould

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 0 *Years,* 5 *Months,* 0 *Days.*

Color, Dark brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Baltimore

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number} No 4 Brewis

Institution

Cause of Death, First, (Primary,) Inflam of Brain

Second, (Immediate,) One Week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, Nov 30th 1879

Undertaker, Wm Lane & Son

Place of Business, 63 Madison St

B F Bohm M. D.
Medical Attendant.

Address, Cor Dolphin & Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie L. Carpenter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annapolis Md

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number.} No 62 S. Dallas st

Cause of Death, First (Primary,) Carcinoma of the mouth and whole system Generally

Second (Immediate,) General debility

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 30th 1879

Undertaker, Theodore J Cook

Place of Business, 73 Jefferson

John H Conner M.D.
Medical Attendant.

Address 114 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36411

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rene Batchelor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No. 59 Duncan Alley

Cause of Death, First (Primary,) Sumbricoid worms

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Nov 30th 1879

Undertaker, Theodore Locke

Place of Business, 73 Jefferson St

J. D. Sikes *M. D.*
Medical Attendant.

Address No. 370 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 36412

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Jones

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick County Md

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number} 107 Eastaway St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Consumption

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Middletown Frederick Co Md

Date of Burial, Mar 30 1879

Undertaker, John C Tyler

Place of Business, 1263 Rit *Address,* 160 [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No 1600

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 28th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Burton

Sex, ~~Male or Female,~~ {cross out the word not required in this line.} Female

Age, 11 ~~Years,~~ ~~Months,~~ Days.

Color, Black

~~Married~~, *Single*, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number} 130 Aisquith St.

Cause of Death First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaw Street Cem

Date of Burial, Dec 1st 1879

Undertaker, Saml. Chase

Place of Business, Hill & Howard

D. B. Brune M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

ermit No. 36414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

ate of Death, Nov 29 79

ull Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Richards

ex, ~~Male~~ or Female, {Cross out the word not required in this line.}

ge, 8 Years, Months, Days.

olor, Co Sex,

arried, Single, Widow or Widower, {Cross out the words not required in this line.}

ccupation,

irthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

uration of Residence in the City of Baltimore, Lifetime

lace of Death, {Give street and number.} 124 Lee

ause of Death, { First (Primary,) Scrofula

Second (Immediate,)

uration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 1st 1879

Undertaker, C. F. Krause

Place of Business, 209 Hanover.

Address

L Schleeter M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 36415

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander C. Loane

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 3 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 440 Mulberry St.

Cause of Death, First (Primary,) Scarlatina Maligna.

Second (Immediate,) Typhoid Septicula

Duration of Last Sickness, 14 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 1

Undertaker, Frank Loane

Place of Business, Fremont & Baltimore

H. K. Bettenhaft M.D.
Medical Attendant.

Address, 77 George St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36416 OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1879 BALTIMORE

Date of Death, November 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Sheridan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 5 *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Havre de Grace Md

Duration of Residence in the City of Baltimore, Four Weeks

Place of Death, {Give street and number.} Nr 28 Jones Alley

Cause of Death, {First (Primary,) Pneumonia / Second (Immediate,)}

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Dec 1. ~~the~~ 11 1879

{*Undertaker,* Charles A White / *Place of Business,* 35 Granby Street}

J. O. Whitford M. D.
Medical Attendant.

Address 195 Dugan Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th Nov 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Mollie A Evans

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia & Years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 385 Lexington St

Cause of Death { First, (Primary,) Bright's Disease

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Dec 1st 1879

Undertaker, Danl Wm Mitchell

Place of Business, 550 W Fayette St

Geo L Ogden *M. D.*
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Barnett

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 1 Heath St.

Cause of Death, First, (Primary.) Congenital Hydrocephalus & Spina bifida.

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

R. B. Fishburne M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible]

Address, 564 Eight St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 36419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1879

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ Nov 30 79

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cecelia Doyle

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 4 *Years,* 5 *Months,* 7 *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 42 Hills

Cause of Death, { First (Primary,) Acutatina

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, December 4.

Undertaker, R. Hayes

Place of Business, 411 Light St. *Address*

L Illeston *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alma V. Hoelin

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Hall st Balto

Cause of Death {First, (Primary,) Pneumonia

Second, (Immediate,) 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bel Air Md

Date of Burial, December 2

Undertaker, P Keelty

Place of Business, 411 Light St

Geo. W. Susan M. D.
Medical Attendant.

Address, 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36421 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan M. Bufford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, About 55 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 44 Eden Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Rupture of Pulmonary Vessel

Duration of Last Sickness, about 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 2nd 1879

Undertaker, Wm H Hackman

Place of Business, 234 N Gay St

J. E. Hufford M. D.

Medical Attendant.

Address 195 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel R. Benson,

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number} 128 Bank St

Cause of Death First, (Primary,) Cancer of the Uterus,
Second, (Immediate,) Three years,

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmil Cemetry

Date of Burial, December 3rd 1879

Nicholas L. Sathill M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 3 P.M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kerfel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 80 S. Wolf St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) .....

Duration of last Sickness, 4 Weeks but sick for 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Old Lutheran

Date of Burial, December 2

Undertaker, Franklin Dysart

Place of Business, Bond & 147

James E. Donelle M. D.
Medical Attendant.

Address, 294 E. Baltimore Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited ...

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William T. Dittman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 324 S. Sharp St.

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, Dec 1

Undertaker, J H Orth

Place of Business, 707 West Baltimore St. *Address,* 558 W. Lanvale St.

John Jeff ..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Parker Carrigan

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Elkridge Landing

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 306 Ramsay st

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Hooping cough Pneumonia & diarrhoea

Duration of Last Sickness, about five months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 2nd 1879

Undertaker, C. B. Cook

Place of Business, No 707 W. Baltimore Street

John Howd M.D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 36426

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov^r 30^th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Jost Rupfert

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 45 ***Years,*** — ***Months,*** — ***Days.***

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Grocery Keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, { Give street and number } 393 W. Pratt St.

Cause of Death, { First, (Primary,) / Second, (Immediate,) } Believed to be Heart disease Sudden

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 1st

R C Lee M. D. Coroner S. D.

Undertaker, Thos. Price

Place of Business, Franklin St

Address, Hanover & Baltimore Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3042

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH DEC 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Dyer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 16 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anns Co Md

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number} 106 Ensor St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec ~~1st~~ 1879

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, Wm. N. Dugan

Place of Business, No 62 East St

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addia Thornton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 50 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} East a Va

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number.} 5 S Josephine St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1st

Undertaker, Wm Madden

Place of Business, 280 Chew at

Chas. D. Fisher M.D.
Medical Attendant.

Address Fayette & Eden Sts

DEC 1 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 29th 1879 ~~Sept 2nd 1879~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* ——— *Months,* ——— *Days.*

Color, Colored Whole

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Widow

Occupation, servant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ———

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 165 Dolphin st.

Cause of Death, First (Primary,) congestion of Heart;

Second (Immedinte,) sudden death.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec. 2. 1879

Undertaker, H. C. Jacobs

Place of Business, 1263 Park

Geo Ogle Coroner M. D.
Medical Attendant.

Address 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov^r 28^th^ 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. Moody

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Driver

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Frederick Md.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 67 Wilcomes al

Cause of Death, {First (Primary,)} old age

{Second (Immediate,)} Dropsy

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 1 1879

Undertaker, S W Chase

Place of Business, No 198 E Howard St

R. B. Lee M.D.
Medical Attendant.

Address, Hannan & Barnes

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 36431

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lindenfelder

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* 7 *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden (Germany)

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} Dover St above Penn (over stable back of 409 N. Range)

Cause of Death, First, (Primary,) sunstroke

Second, (Immediate,) Paralysis

Duration of last Sickness, about 3 years

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, Decem 1, 1879

H. Albers M. D.
Medical Attendant.

Undertaker, Philip J. Dietz

Place of Business, 183 Columbia Address, 9 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 364/32

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jacob Peters

Sex, Male or Female, {cross out the word not required in this line.}

Age, 72 *Years,* 8 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Coal Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} arfeld Prussia

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 381 Druid Hill av

Cause of Death First, (Primary,) Fall on the pavement

Second, (Immediate,) Effusion on Brain Paralysis

Duration of last Sickness, 18 days since fall

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec. 2. 1879

Undertaker, M. A. Daiger

Place of Business, 228 Madison Avenue

Caleb Winslow M. D.
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36433

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36433

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 30th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Reynolds

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 304 Eastern Ave

Cause of Death, First, (Primary,) Pseudo-membranous Croup

Second, (Immediate,) .....

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Dec. 2. 1899

Undertaker, Mc. A. Dwyer

Place of Business, 74 S. Broadway

Chas O. Bond M. D.
Medical Attendant.

Address, 6 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov. 29 - 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Dorr

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* — 7 — *Months,* — 20 — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Store Keeper for oysters.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 60 Eastern Avenue.

Cause of Death First, (Primary,) Consumption of Lungs.

Second, (Immediate,) Asthenia

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of St Paules Congregation

Date of Burial, Dec 1th 1879

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

John W. King M. D.
Medical Attendant.

Address, 76 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Gardenier

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Died in this

Place of Death, {Give street and number.} No 215 Caroline St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, December 2nd 1879

Undertaker, Wm. H. Pickman

Place of Business, 234 N. Gay St.

S. A. Porter M. D.
Medical Attendant.

Address 16 Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3 0 1 2 0 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 36136 1/1 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Martin

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 2 *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 82 Leadenhall St.

Cause of Death, First, (Primary,) Pneumonia - double

Second, (Immediate,)

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 2d

Undertaker, H. Bonicle

Place of Business, Lexington Mar. St. *Address,* 108 N. Gilmor

J. H. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 30484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Teresa Madden

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} 7 Hollins St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Scarlet Fever.

Duration of last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 2d 1879

Edward Madden M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36438

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theador A. Landa

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 10 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 251 N Eutaw St

Cause of Death { First, (Primary,) Pulmonary Intercostal
Second, (Immediate,) Asthenia
+ Inanitas

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 2nd 1879

Undertaker, Wm Gray

Place of Business, 55 Hillen

Wm R Howard M. D.
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36439

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36439

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30 /79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Wiesfuss

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 109 E. Pratt St

Cause of Death, { First, (Primary,) enteritis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 2 1879

G. L. Clemens M. D.
Medical Attendant.

Undertaker, H. Hohmann

Place of Business, 63 N. Eden St *Address,* 223 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Vorndran

Sex, Male or Female, {cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35

Place of Death, {Give street and number} 57 Pen Ave

Cause of Death {First, (Primary,) Cardiac Disease

Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Dec. 3. 1879

Undertaker, Eugene Haenschel

Place of Business, 48 Penna. Ave.

S T Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1879 BALTIMORE

Date of Death, Nov 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliza Brandt

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 95 Park Ave

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec. 2 1879

Undertaker, Frey & Bro

Place of Business,

D. P. Hoffman *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday November 29th / 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. ff Williams

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 42 *Years,* *Months,* 4 *Days*

Color,

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Norfork Va

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} Chesapeak St Canton F.P.

Cause of Death, {First (Primary,) Inflamation of the Lungs

Second (Immediate,) Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Int~ Current Cemetery

Date of Burial, Dec 2/79

Undertaker, Fry & Lee

Place of Business, 374 Broadway

J. Eichard M.D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, exeept in cases of births and deaths of illegitimate children.

[OVER.]

No. 36443

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1879 BALTIMORE

Date of Death, November 30th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nathan Herbert Church

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 15 *Years,* 1 *Months,* 1 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, School Boy

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Riverside Maine

Duration of Residence in the City of Baltimore, 1 year and 1 month

Place of Death, { Give street and number } 15 N Broadway

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Hemorrhage into bowels

Duration of last Sickness, About six weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Dec 2nd

D W Cathell M. D.
Medical Attendant.

Undertaker, H. Furchlich

Place of Business, 246 Eastern Ave *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov^r 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Hernan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, {Give street and number} 483 N. Pratt St

Cause of Death, First, (Primary.)

Second, (Immediate,) Believed to be Heart disease

Duration of last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, J. Pleas

Date of Burial, December 2 1879

Undertaker, Mathew Cadogan

Place of Business, 227 Murray St

R. E. Lee M. D.

Medical Attendant

N. W. cor Carrow & D.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36445

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ashury Morgan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Sixty one *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number} 174 N. Bulloh St

Cause of Death First, (Primary,) Malarial & Bilious Colic

Second, (Immediate,) Congestive Chill

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.y

Date of Burial, Dec 2nd 1879

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Avenue

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Carlin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36446

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36446

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 2 1879 BALTIMORE

Date of Death, December 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Mehlhorn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 39 *Years,* 2 *Months,* 20 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} S.W. corner Pearl & Lexington Sts.

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) General Cachexia.

Duration of last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 3d 1879

Undertaker, G.J. Leinbach

Place of Business, 339 W. Pratt St.

Henry Sahrer M. D.
Medical Attendant.

Address, 165 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36447

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 2 1879 BALTIMORE

Date of Death, Dec, 1/79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Elsrode

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male,

Age, 2 *Years,* 3 *Months,* 24 *Days*

Color, White,

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 363 Mulberry St,

Cause of Death, {First (Primary,) Acute Rheumatism

Second (Immediate,) Pretestasis to Heart,

Duration of Last Sickness, three days,

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park Co,

Date of Burial, Dec 2. 1879

Undertaker, J. B Blackiston Son

Place of Business, 606 Balt St

H. K. Fetterhoff M. D.
Medical Attendant.

Address. 77 George St,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 30th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella C. Springer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 17 St. Peter, St.

Cause of Death First, (Primary,)

Second, (Immediate,) Scarlatina

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 2nd 1879

Undertaker, B. Wade

Place of Business, Light St

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1. 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence E. Baldwin

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 7 E. Pacca st

Cause of Death First, (Primary.) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 2 1899

Undertaker, John Mucher

Place of Business, Pacca & Lexington *Address,* 446 Hanover st

Newton Carr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fisher

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, In Life

Place of Death, { Give street and number } 107 N. Eden St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Dec 2nd 1879

Undertaker, Wm. Cilary

Place of Business, 101 Gough St *Address,* 137 Baltimore St

J. J. Jones *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Friedhoffer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 3 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 88 Boyd Street

Cause of Death { First, (Primary,) Membranous Croup
Second, (Immediate,)

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 4th

Undertaker, B Hark

Place of Business, 411 Light St

John Neff M. D.
Medical Attendant,

Address, 558 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36452

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36452

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen McCay

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Cedar Row

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec. 3d 1879

Undertaker, John Du Hamel

Place of Business, 319 Penna ave

James Hilton M. D.
~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd C. E. Wenman

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36453 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1879 IMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1 / 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Genieve Liberkeuser

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md.

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 187 Division St

Cause of Death, {First (Primary,) Pseudo Membranous Croup

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis

Date of Burial, Dec 3d

Undertaker, Jno C. Yeough

Place of Business, 319½ Penna Ave

Wat. H. Keiser M. D.
Medical Attendant.

Address Jay Elle & Eutaw Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Shane Gambrill

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, [illegible] *Years,* [illegible] *Months,* Twenty three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 218 N. Carey St.

Cause of Death { First, (Primary,) Whooping Cough / Second, (Immediate,) Spasms

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, December 3rd 1879

Undertaker, Denny & Mitchell

Place of Business, 55 & 60 Fayette St

Jos: Lloyd Martin M. D.
Medical Attendant.

Address, No 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1879

CERTIFICATE OF DEATH.

Date of Death, Sunday Nov. 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Johnston

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, Forty Seven *Years,* ——— *Months,* ——— *Days.*

Color, Black.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 59 East Street

Cause of Death First, (Primary,) Bronchitis Disease

Second, (Immediate,) Coma

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 2 1879

Undertaker, Wilson & Dinges

Place of Business, 62 East St

Wm R Howard M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd day of December 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Hilbert

Sex, Male or Female, { cross out the word not required in this line. }

Age, 27 *Years,* *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 279 west Fayette

Cause of Death { First, (Primary,) Congestion of bowels
Second, (Immediate,) Ulceration and Haemorrhage

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 4

Undertaker, Jos B Cook

Place of Business, 707 west Baltimore

D. P. Hoffman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August H Liemann

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, Fifty Six *Years,* Three *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.} Married

Occupation, Watch Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty Eight years

Place of Death, {Give street and number.} 161 E Fayette St

Cause of Death, First (Primary,) 2

Second (Immediate,) Heart disease

Duration of Last Sickness, Was dead when I arrived

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 3d 1879

F. E. Fooks *M. D.*
Medical Attendant.

Undertaker, J. D. Rossney

Place of Business, 97 Orleans St *Address* 241 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 36458

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

7th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Nov 30/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Battersby

~~*Sex, Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 409 N. Gay St

Cause of Death, First, (Primary,) Valvular disease of the heart. Limited

Second, (Immediate,) Ascites

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetary

Date of Burial, Dec 2 1879

Edward P. McDonnell M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Address, 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36459

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36459

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm S. Halfpenny

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 25 N. Chapel St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 3rd

R. D. Mansfield M. D.
Medical Attendant.

Undertaker, Wm. H. Dysart

Place of Business, Saml. Bowers & Co. *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1'

HEALTH DEPARTMENT DEC 3 1879 BALTIMORE

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Kiernan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Plasterer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Pierce St.

Cause of Death First, (Primary,) Cerebral Paralysis

Second, (Immediate,)

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, ~~Lot of Heirs of~~ J. Knight

Date of Burial, 3d December

J. J. Knight *M. D.*
Medical Attendant.

Undertaker, Weitbrecht

Place of Business, 227 Pac Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36461

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36461

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edgar. S. Jones.

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto, City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 14 Williamson St.

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Diphtheria 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, Dec 3 79

Undertaker, Anthony E Denny

Place of Business, 162 E Fayette

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1602

[OVER.]

No. 36162

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 3 1879

Date of Death, November 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Foster

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 26 *Years,* 2 *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Salisbury Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 12 Wayne St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pulmonalis

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon

Date of Burial, Dec 2 1879

Undertaker, S M Lebanon

Place of Business, 198 S Howard St

J H Smith M. D.
Medical Attendant.

Address, 108 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3643

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36463

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, November 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Royer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 26 *Years,* 0 *Months,* 0 *Days.*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore of Maryland

Duration of Residence in the City of Baltimore, Eight year

Place of Death, {Give street and number} No 2 Bolton Alley

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 2 1879

Undertaker, J W Chase

Place of Business, 19 Howard St

B F Bohrer M. D.
Medical Attendant.

Address, Cor Dolphin & Ross

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 2/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Files

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 53 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Keeper of Drawbridge

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 43 Jackson st.

Cause of Death { First, (Primary,) Hypertrophy of the Heart and disease
Second, (Immediate,) of Mitral and aortic valves

Duration of last Sickness, about 20 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 4th 1879

Undertaker, Henry H. Mears

Place of Business, 46 N. Gay st

P. G. Dausch, M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36465

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 2 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ed Cordes

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 6 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 4 2d al

Cause of Death { First, (Primary,) Second, (Immediate,) } Scarlet fever

Duration of last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 3 79

Undertaker, Fry & Pid

Place of Business, 54 N Broadway

H. F. Coyer M. D.
Medical Attendant.

Address, 134 N High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleonora Schutte

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, four *Years,* — *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} # 302 S. Caroline St.

Cause of Death First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Decem 4.

Undertaker, John Hennig.

Place of Business, 382 Orleans St.

L C Minderwitz M. D.
Medical Attendant.

Address, 12 S. Edw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. ....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes L. Auld

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S. A

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 1095 S. Wolfe

Cause of Death {First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Dec. 5th 79

Undertaker, M. Frank

Place of Business, 280 Canton Ave

G. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 36468

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Buthes

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~_____~~ *Years,* ~~_____~~ *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 93 S. Durham St

Cause of Death, First, (Primary,) Umbilical Hemorrhage

Second, (Immediate,) Exhaustion

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, Dec 3 1879

James H Clemens M. D.
Medical Attendant.

Undertaker, John Lake

Place of Business, ~~_____~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wiemann

[OVER.]

No. 36469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 25 *Years,* 6 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Confectioner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 63 N. Wolfe st.

Cause of Death First, (Primary,) Epilepsy

Second, (Immediate,)

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Johns.

Date of Burial, December 4th

Undertaker, John. Ludwig

Place of Business, 382. Orleans St.

D. G. Sauer M. D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3d 79

Full Names of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Koch

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 229 E. Bond St

Cause of Death: First, (Primary,) Phthisis pulmonum

Second, (Immediate,) Marasmus

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 4th 1879

Undertaker, Samuel Furr

Place of Business, 1 Bond St. 227

C. J. Fatherson M. D.
Medical Attendant.

Address, 1452 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ricke Goldsmith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* × *Months,* × *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number} Helmed Hospital

Cause of Death First, (Primary,) Cancer

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 4th 1879 A Friedenwald M. D.

Medical Attendant.

Undertaker, Mrs Eilau

Place of Business, 101 Forsyth St *Address,* 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Cooling

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 11 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 27 Lee St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Congestion Malignia

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 3rd Dec

Undertaker, Armstrong & Dennis

Place of Business, Light & Hanover Sts

Geo. W. Simm M. D.
Medical Attendant.

Address, 164 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36473

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36473

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Walker

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, One *Years,* 8 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6 E. Forest St.

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Dropsy

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 3 1879

Thos A Clemens M.D.

Undertaker, C. A. White

Place of Business, Grand St

Address, Comm of Health
H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E Wiseman

No. 36474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 36474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana A Graham

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Nine *Years,* Six *Months,* Twenty three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 108 Arlington Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Anemia

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 4th 1879

Undertaker, P Cox & Co

Place of Business, 1207 W Baltimore street

P L Green M. D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do; under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Sexton

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 48 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 114 S. Sticker St

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) "

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, Dec 4th 1879

Undertaker, Geo. Loch

Place of Business, No 707 W. Baltimore Street

W. E. Kessler M. D.
Medical Attendant.

Address, N. W. Cor. Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Famandiss

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 3 *Years,* 5 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 680 W. Baltimore St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Londen Park Cemetery

Date of Burial, Dec 4th 1879

Undertaker, Jas B. Cook

Place of Business, No 707 W. Baltimore Street

Thomas Opie M. D.
Medical Attendant.

Address, 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36477

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36477

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Dix

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} —

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible] 6

Place of Death, {Give street and number} 17 [illegible]

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Dec 3rd 1879

Undertaker, James R Byrne

Place of Business, No 63 [illegible]

[illegible] M. D.
Medical Attendant.

Address, 6 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James F. Dorsey

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give street and number } 37 Lee St,

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 3rd 1879

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Edward R Mc Sherry M. D.
Medical Attendant.

Address, 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36479

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36479

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Paul — Mother

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~ Years, ~~ Months, 7 Days.

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 331 Hoffman St

Cause of Death, { First, (Primary,) ; Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Dec 3 1879

Undertaker, W. H. Bishop & Co

Place of Business, Druid Hill Ave

James A Steuart M. D.
~~Medical Examiner~~

Address, Comm. of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman [OVER.]

No. 36480

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hutton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Storekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} corner of Franklin st & Bruce st

Cause of Death, First, (Primary,)

Second, (Immediate,) Paralysis of Heart,

Duration of last Sickness, sudden death, fell dead on the street

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 4 - /79

Carl A. Ortmann M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, Penn Ave & Dolphin *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

No. 36481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schmidt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 Year, Eleven Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} S. E. Cor. Broadway & Oldenburgh

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Nine Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cem.

Date of Burial, Decemb 3 1879

Undertaker, Henry Hoch

Place of Business, 304 Caroline

Wm. H. Clendinen M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36482

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2nd 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelhaide Nectar

Sex, Male or Female, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Peddler of Soaps

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany — 25 years in U S

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 232 N Central Ave

Cause of Death { First, (Primary,) Unknown. / Second, (Immediate,) Natural / paralytic Disease of heart

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 4th 1879

Undertaker, Chas. Koch

Place of Business, 309 N. Central Ave

Edmund P Walter M. D.
Medical Attendant.

Address, Corner Va & Pa

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

3

No. 36483

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M. Mackle

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 2 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 61 S. Dallas St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem'y

Date of Burial, Dec 3rd 1879

Undertaker, Geo T. Jones

Place of Business, Exeter

James H. Chew M. D.

Medical Examiner.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

No. 364814

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 364814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Conway

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 46 Years.

Place of Death, {Give street and number} 45 St Paul Place

Cause of Death, First, (Primary,) Ph Thesis

Second, (Immediate,)

Duration of last Sickness, Three (3) months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery

Date of Burial, Dec 5th 1879

Undertaker, Jas. A. Leach

Place of Business, 1707 W. Baltimore Street

H. L. Green M. D.
Medical Attendant.

Address, 37 Gr. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36485

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Malone

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 5 *Years,* 1 *Months,* 4 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 54 S. Smith

Cause of Death { First, (Primary,) Scarlet Fever

Second, (Immediate,) Coma 3 hrs

Duration of last Sickness, about 3 hrs

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cemetery

Date of Burial, Dec 4 to 1879

Undertaker, Jos. S. Cook

Place of Business, No 707 E Baltimore Street

J. McShane M. D.
Medical Attendant.

Address, 52 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

C. DELANY & CO. CITY PRINTERS AND STATIONERS.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS RELATIVE TO THE DUTIES OF PHYSICIANS ON THE OTHER SIDE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza G. Ray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Biddle S. Side 3rd door above ann

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate,) Gangrene

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician

Place of Burial, Balti Cemetery

Date of Burial, Dec 5th 1879

Undertaker, Henry W. Means

Place of Business, 454 N. Gay St

James A. Bird M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 36487

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36487

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 3- 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph P Jamerden

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, One *Years,* One *Months,* Four & One *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 79 Pearl St-

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Pneumonia

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ Saint Alphonsus

Date of Burial, Dec 5th 1879

Undertaker, Andrews & Hodges

Place of Business, No 406 Druid Hill Ave

D L Miller M. D.
Medical Attendant.

Address, 87 Mulberry St-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Scharf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, White.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Real Estate Broker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co.

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number.} No 305 Linden Ave

Cause of Death, First (Primary,) Acute Hepatitis.

Second (Immediate,) Cholerteremia

Duration of Last Sickness, About 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 5th 1879

Undertaker, Hughes & Bro

Place of Business, 561 Fayette St

Ruggin Buckler M. D.
Medical Attendant.

Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 36489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

DEC 4 1879 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Fox

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, white

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 30 years

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 12 President St

Cause of Death, {First, (Primary.) asthma / Second, (Immediate,) Consumption

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross J. Amos Kleinz M. D.

Date of Burial, Dec 4th 1879 Medical Attendant.

Undertaker, E. Coot

Place of Business, Bank St *Address,* Comm of Health / Physician

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Spec[illegible] Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Finch

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, *Years,* Seven *Months,* ~~Eleven~~ 23 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Holy Ld.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 29 S. Ann St.

Cause of Death, First (Primary,) Congenital

Second (Immediate,) Atrophy or Marasmus

Duration of Last Sickness, Three or 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 4th 1879

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway

A. J. Foard M. D.
Medical Attendant.

Address 169 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 36491

The [illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence West

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 29 Union St

Cause of Death {First, (Primary,) Bronchitis

{Second, (Immediate,) Two weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pauls & Amer

Date of Dec 4 1879

Undertaker, F. A. Kerchner

Place of Business, Conodlow av

Sam'l H. Andrews M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36492

The S[illegible]ysicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 3, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie W. McCreary

Sex, Male or Female, {cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 281 Hollins st.

Cause of Death { First, (Primary,) Malignant Diphtheria
Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park C

Date of Burial, Dec 6 1879

{ *Undertaker* J. B. Blackistone & Son
{ *Place of Business,* 606 Balto St

John Hood M. D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

...respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Norfolk.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 77 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Anna Arundle Co. Md

Duration of Residence in the City of Baltimore, about 15 Months.

Place of Death, {Give street and number} 381 E Pratt St.

Cause of Death, First, (Primary,) Sudden, after Malarial Prostration

~~Second, (Immediate,)~~ Probably Cardiac Embolism

Duration of last Sickness, Was Comfortable - Died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Dec 6th 1879

Undertaker, John Mercher

Place of Business, Forest Circle

D W Cathell M. D.
Medical Attendant.

Address, 21 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No 1603

No. 36494

...ns is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decem. 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Lowson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 21 *Months,* 7 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 411 E Eager st

Cause of Death { First, (Primary,) — Second, (Immediate,) Dyptheria Croup

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, December 6/79

Undertaker, Wm H Hickman

Place of Business, 1284 N Jay D

S. F. Logan M. D.
Medical Attendant.

Address, 134 High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36495

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36495

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...TH DEPART... DEC 4 1879 ...ALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John McGee

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~[illegible]~~ *Years,* ~~[illegible]~~ *Months,* ½ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 625 ½ Light St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 5th 1879

Undertaker, J. F. Byrne

Place of Business, Liberty St *Address,* Comm. of Health

J. Annet Steuart M. D.

H Regulator

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2: And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E Wellmans

OVER.

No. 36496

...r of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Lawrence

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* 7 *Months,* 20 *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md Carroll Co Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number} 106 Russell St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec 11. 1879

Jno A Blake M. D.
Medical Attendant.

Undertaker, John C. Fowler

Place of Business, 92 W. Pratt

Address, 32 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36497

...ysicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36497

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 3rd 97

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Harris

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 140 S Sarah Ann St City

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number} 140 S Sarah Ann St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Convulsions

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Shyre M Cemetery

Date of Burial, Dec 5 1897 H. F. Hill *M. D.*
Medical Attendant.

Undertaker, W & A Kennard

Place of Business, 219 Mulberry *Address,* 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3 0 1 4 9

...pectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

...oard of Health, City of Baltimore,

Permit No. 36498

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Anderson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 119 N Dallas st

Cause of Death { First, (Primary,) Consumption Lungs
Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Farmill Cemetery

Date of Burial, Dec 6 1879

Undertaker, John Lotz

Place of Business, 161 E Balto St

F. C. Ramsey M. D.
Medical Attendant.

Address, Broadway Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36499

...is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 36499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday, Dec 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta S'tetz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 45 *Years,* Months Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria 37 Years

Duration of Residence in the City of Baltimore, 111 Central Av.

Place of Death, {Give street and number} Miscarriage

Cause of Death, First, (Primary,) Hemorhage

Second, (Immediate,) 22 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Dec 8th 1879

Undertaker, Henry Koch

Place of Business, 306 N Central Av

Wilmer Brinton M. D.
Medical Attendant.

Address, 269 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36500

...specially invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 3d 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave Hebler

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 36 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany Bremen

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 244 E. Chase

Cause of Death First, (Primary,) Pthisis pulmonum

Second, (Immediate,) Marasmus

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Dr. Old Town Cem.

Date of Burial, December 6th 1879

Undertaker, Henry Hooke

Place of Business, 209 E. Centre Address,

J. Thos. O. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36501

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Frederic Decorti

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days.*

Color, white

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 257 N Howard St

Cause of Death, First, (Primary,) Tubercular Meningitis.

Second, (Immediate,) the same.

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Decbr 5th 1879

Undertaker, Ph. Stewart

Place of Business, 35 S. Eutaw St *Address,* 165 W Lombard St

Wm Keiser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melica Mullan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* 6 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 36 Josephine St

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,)

Duration of last Sickness, Two Years

All the above information, should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 5th 1879

Undertaker, W B Cook

Place of Business, No 707 W Baltimore Street

S T Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36573,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Laurence

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, ... *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 123 Mulberry st

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,) Inflamation of Brain

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Pikesville Baltimore County with wagon

Date of Burial, Dec 5th 1879

Jno. J. Pennington ..... M. D.
Medical Attendant.

Undertaker, Jno B Cook

Place of Business, No 707 N Baltimore street

Address 98 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 4 1879 BALTIMORE

Date of Death, Nov. 3d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Marquis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 83 Mulberry St.

Cause of Death, First (Primary,)

Second (Immediate,) Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 5th 1879

Undertaker, P. Kennedy

Place of Business,

J. R. McShane M. D.
Medical Attendant.

Address 71 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Dec 4. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Gertrude Mitten

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 4 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Westminster Md.

Duration of Residence in the City of Baltimore, Once visit when taken sick

Place of Death, {Give street and number} 226 Conway

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Blood poisoning from disease

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md

Date of Burial, Dec 5th

Undertaker, Wm J. Tilden

Place of Business, 65 S. Eutaw

W. F. Krauth M. D.
Medical Attendant.

Address, 1516 Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special by Dr. L. A. S.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36506

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph D. Desperaux

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 428 E. Chase St.

Cause of Death, First (Primary,) Intussusception

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 6th 1879

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway

L. C. Gordon M. D.
Medical Attendant.

Address 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E Gilfoss

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} United States

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 188 E Hayet[illegible]

Cause of Death First, (Primary,) Bilious Remittent Fever

Second, (Immediate,) Complicated with Disease of Heart

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 6th 79

Undertaker, Fry & Bro

Place of Business, 574 Broadway

J. Ridgway Andre M. D.
Medical Attendant.

Address, No 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1879 4½ A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lewis Bottar

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, ____ *Years,* 2 *Months,* 7 *Days.*

Color, Yellow

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Sterling Va No 127

Duration of Residence in the City of Baltimore, 2 Mos & 7 days

Place of Death, {Give street and number} No 127 Sterling St

Cause of Death, First, (Primary,) Chronic Catarrh

Second, (Immediate,) Bronchitis - Atelectasis - Apnoea

Duration of last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 5th 1879.

N. G. Searle, M. D.
Medical Attendant.

Undertaker, Wilhelm & Dreyer

Place of Business, 62 East St

Address, N. E. cor Nash & Santa Cruz Sts

HEALTH DEPARTMENT DEC 5 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smiley

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 2 *Years,* ——— *Months,* 5 *Days.*

~~Color~~, ———

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 11 Wilkens Ave

Cause of Death, First, (Primary,) Diphtheria (Sequent upon Scarlatina)

Second, (Immediate,) Heart-clot

Duration of last Sickness, Sixteen Days (in all)

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 6 1879

C. C. McDowell — M. D.
Medical Attendant.

Undertaker, Blackistone

Place of Business, 41 Bath St. *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Waters

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anne Arundel County

Duration of Residence in the City of Baltimore, Sixty Years.

Place of Death, {Give street and number.} No 208 Green Mount Avenue.

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec. 6th 1879

Undertaker, Wm. J. Dickson

Place of Business, 65 S. Eutaw

Address, No. 65 S. Eutaw St.

Yellowe M. D.
Medical Attendant.

DEC 5 1879 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3[illegible]5 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Remigender Kenkner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number} 24 Anthony St

Cause of Death, First, (Primary,) Exhaustion from Bronchitis

Second, (Immediate,) Asthenia

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St Mary Thomas Cemetery

Date of Burial, Dec 6 1879

D. K. Grimes M. D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave *Address,* 250 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3685/2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th, 1879; 6:30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Shaw

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ——— *Years,* One *Months,* 11 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 22 Dawson Alley

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} 22 Dawson Alley.

Cause of Death, {First (Primary,) Unknown / Second (Immediate,)}

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Shorb's St Cemetery

Date of Burial, Dec 5th 1879

Undertaker, S. W. Chase

Place of Business, S. Howard St

Jno Hildebrandt M.D.
Medical Attendant.

Address, 106 Cumberland Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Holzemer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 20 *Years,* 2 *Months,* 13 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 151 n Bond ste

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemy

Date of Burial, Dec 6 1879

John D. Litzer M. D.
Medical Attendant.

Undertaker, Julius Hauch

Place of Business, 102 Miller St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 36514

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Nicholson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} York St. between Shark & Hanover

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, all ⁊ Life

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cem[illegible]

Date of Burial, Dec 5th 1879

Undertaker, H. Ross

Place of Business, Conway St

James A Steuart M.D.
~~Medical Attendant.~~

Address, Comm. of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Examd by E. Weinmann Dpty Rx.

Board of Health, City of Baltimore,

Permit No. 36575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec^m 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bauman.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty — *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 315. E. Lombard St.

Cause of Death, {First (Primary,) Heart disease, / Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem

Date of Burial, Dec 7th '79

Undertaker, M. France

Place of Business, 250 Canton Ave

D. E. Leland M. D.
Medical Attendant.

Address Coroner. E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M. Shipley

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, Three *Years,* One *Months,* Seven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 378 West St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, Dec 6th 1879

J. Tyler Smith M. D.
Medical Attendant.

Undertaker, Charles Kaebler

Place of Business, Sharp & Cross Sts *Address,* 231 Pare St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Witte

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 21 *Years,* 10 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} No

Occupation, Huckster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 240 Hanover St.

Cause of Death, First, (Primary,) Tumor of the Chest -

Second, (Immediate,) Hydrothorax

Duration of last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 7 th.

Undertaker, Henry Brice

Place of Business, Hanover St 81

Abm B Arnold M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36518

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jam F. Albrecht

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 303 Hanover St

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Dip. Faucium & Dip. Throat Comp

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 6th 1879

Signed Smith M. D.

Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover st *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 5 1879 BALTIMORE

Date of Death, Dec 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter H. Reed

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto - Md

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number} 254 E. Pratt St.

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Spasm

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Oliver Cem

Date of Burial, Dec. 6th /79

H. L. Hynson M. D.
Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw *Address,* 374 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White ~~Sex~~,

~~Married,~~ *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Wilson St near Division

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) 8 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem *H. W. Dings* *M. D.*

Medical Attendant.

Date of Burial, Dec 6

Undertaker, C T O'Blizzard *Address* 274 Madison Ave

Place of Business, 197 Penn ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th M. 3d 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Milburn

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 261 Druid Hill Avenue

Cause of Death, First, (Primary,) Softening of Brain

Second, (Immediate,)

Duration of last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Co Md

Date of Burial, Dec 6

Wm Riley M. D.
Medical Attendant.

Undertaker, Coff Bl[illegible]

Place of Business, [illegible] *Address,* 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Transit 1604

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 36522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, dec 5th '79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy E Myer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 1 *Years,* *Months,* 2 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Feed & Livery Stable

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number} cor. Columbia & Sharp

Cause of Death First, (Primary,) Pulmonary Congestion &

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 7th 1879

Undertaker, Peter Kramer

Place of Business, 317 Mulberry St

Address, 5 Parker

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 15th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Lowry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty five *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} #289 Hallin St.

Cause of Death First, (Primary,) "Phthisis Pulmonalis"

Second, (Immediate,) Dropsy

Duration of last Sickness, About six years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 7

Undertaker, W. H. Huckman

Place of Business, 234 & 236 Gay St.

[signature] M. D.
Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 36532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adele Bujac

Sex, Male or Female, {cross out the word not required in this line.}

Age, 85 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Penn.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} 42 Pleasant St.

Cause of Death, First, (Primary,) Senile Exhaustion

Second, (Immediate,) Bronchitis

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Ground

Date of Burial, Dec 7th 1879

..... *M. D.*
Medical Attendant.

Undertaker, Stewart Mowen

Place of Business, 35 Park Ave *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36525

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 5 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Hamilton

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3. *Years,* 1 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 76 Bank Av

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 6 1879

Undertaker, B. Hart

Place of Business,

I hereby certify that I attended the deceased from Dec 1 1879 to Dec 5 1879 that I last saw the deceased alive on Dec 5 1879 and that death occurred at the time stated above.

Gordon Lee M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 6 1879

Date of Death, December 5th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Thad

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 Years, 1 Months, 11 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 51. Sidney

Cause of Death, First, (Primary,) Broncho Pneumonia

Second, (Immediate,) Meningitis

Duration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, 7th December

Undertaker, Kummel

Place of Business, Mulberry St.

Louis Chas Kaw M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1879

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Carlson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 26 Perry Street

Cause of Death, First, (Primary,) softening of the brain

Second, (Immediate,) convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Dec. 6. 1879

Undertaker, W. H. Chase

Place of Business, 198 S. Howard St.

H. Albers M. D.
Medical Attendant.

Address, 95 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 36528

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 5. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Coy

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 57 *Years,* 2 *Months,* 6 *Days.*

Color, White,

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md. Since birth

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 368 E. Pratt St.

Cause of Death { First, (Primary,) Gastric Ulcer
Second, (Immediate,) Melancholia

Duration of last Sickness, Nine months,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Decbr 8th 1879

Undertaker, Thos Snyder

Place of Business, 252 Caton Ave

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Mar. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vito Cellini (Cellini)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Ballet Master

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 3 Weeks –

Place of Death, {Give street and number} No 20 Asquith – pl

Cause of Death, {First, (Primary.) Typhoid Malaria Fever –

{Second, (Immediate,)

Duration of last Sickness, 2 Weeks –

All the above information should be furnished by the Physician.

Place of Burial, New Jerusalem

Date of Burial, Dec 6th 1879

Wm L Russell M. D.
Medical Attendant.

Undertaker, Wm Means

Place of Business, 2 E Lee

Address, Broadway & Fredk pl –

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trinity 1606

[OVER.]

Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Major Elizabeth Holden

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, African

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 93 Dover St.

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number} 93 Dover St.

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,)

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Ship St Cemetery

Date of Burial, December 6th

Undertaker, Hercules Ross

Place of Business, 95 O'Donnell St

Edmund R Rivers M. D.
Medical Attendant.

Address, Balt. Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Seligman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 76 Leadenhall St.

Cause of Death { First, (Primary,) Diphtheritic Croup
Second, (Immediate,) 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 6th 1879

Undertaker, Julius Kaehler

Place of Business, Sharpe Cross St. Address, 152 Sharp St

J. J. H. Tally M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Mullahay

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 109 Eager St.

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Dec 7th 1879

Undertaker, Jos. B. Coale

Place of Business, No 707 W Baltimore St

J G Keller ..... *M. D.*
Medical Attendant.

Address, 87 Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 5th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Irene Groscup

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 503 Light St.

Cause of Death First, (Primary,)

Second, (Immediate,) Scarlatina

Duration of last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, December 7th

Undertaker, [illegible]

Place of Business, [illegible]

R. J. N. Tall *M. D.*
Medical Attendant.

Address, 152 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th '79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Kuhlman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* 2 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 226 N. Fremont.

Cause of Death, First, (Primary,) Enterocolitis

Second, (Immediate,) Peritonitis

Duration of last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 7 '79

Louis C. Hon M. D.
Medical Attendant.

Undertaker, P. Hummel

Place of Business,

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 3th, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D. Sherman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} 7 Cambridge St.

Cause of Death, First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,) accompanied by difficult dentition.

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Dec 6th

John H. Rehberger M. D.
Medical Attendant.

Undertaker, F. C. Froehlich

Place of Business, 246 Eastern Av. *Address,* 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Smith

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 78 N. Dallas St

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 7th 1879

Undertaker, John Lotz

Place of Business, 161 E Balto St

J. Lowe M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ardellia Estella Roberts

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick City

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 142 S. Eutaw

Cause of Death {First, (Primary,) Malaria

{Second, (Immediate,) Congestion of lungs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, 4th December 1879

Undertaker, Abraham Mayers

Place of Business, 13 Saratoga St.

A. Wolfe M. D.
Medical Attendant.

Address, 385 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia E. Shaw,

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Baltimore [illegible]

Age, 45 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, W. Lite

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 29 E. Fayette St.

Cause of Death {First, (Primary,) Cerebral Hemorrhage,
Second, (Immediate,)

Duration of last Sickness, 18 days,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec 7th 1879

Undertaker, Henry W. Mears

Place of Business, 215 N. Gay St

J. M. Houck M. D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, # ~~Saturday~~ Friday Dec 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Amacost

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, Two years.

Place of Death, {Give street and number} # 5 Belvidere Avenue

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Asthma

Duration of last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, December 7th

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, M. L. Amacost

Place of Business, Green St Ext *Address,* 25 ½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4th 1899

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Emma Humphreys

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 22 *Years,* ____ *Months,* ____ *Days.*

~~Color~~,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Teacher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 357 S. Broadway

Cause of Death, { First, (Primary,) Typhoid Fever / Second, (Immediate,) Perforation of Intestin

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount cemetery

Date of Burial, December 6th 1899

W. W. White, M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 341 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Oestreich

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S. A.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 115 E Lombard st

Cause of Death First, (Primary,)

Second, (Immediate,) Eclampsia

Duration of last Sickness, 9 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem'y.

Date of Burial, 7 Dec.

J. Ridgway Andrew M. D.
Medical Attendant,

Undertaker, Wm. Poole.

Place of Business, 29 S. Caroline st. *Address,* No 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne C Clapham

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* 9 *Months,* 1 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 39 St Paul st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Green mount~~ St. Pauls Yard

Date of Burial, 9th Dec. 1879

Ryan J Buckler M. D.
Medical Attendant.

Undertaker, H.W. Jenkins & Son

Place of Business, #16 Light St

Address 133 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36543

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Kaiser

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City, Maryland

Duration of Residence in the City of Baltimore, ~~40 years~~ 3 days

Place of Death, {Give street and number} 47 York St.

Cause of Death { First, (Primary,) ..... Convulsions

Second, (Immediate,) .....

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, December 6th

Undertaker, Hercules Rass

Place of Business, 95 Conway St.

R. H. Ellis M. D.
Medical Attendant.

Address, 315 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36544

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Henry Sowell

~~Sex, Male or~~ Female, { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, { Give street and number } 269 Ralph

Cause of Death, { First, (Primary,) Convulsions / Second, (Immediate,) }

Duration of last Sickness, 3 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 7th 1879

Undertaker, Wm M Duncan

Place of Business, No 62 East St

Wm Eshman M. D.
Medical Attendant.

Address, 324 Ches

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[0724.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th '99

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Richardson

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* ..... *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 243 S. Frenour St.

Cause of Death { First, (Primary,) Pleuritis Pul.
Second, (Immediate,) Acidosis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetry

Date of Burial, Dec 7th 1899

Undertaker, Wm M. Dunger

Place of Business, No 62 East 2d *Address,* University Hospital

T. B. Brune *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Russen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* ——— *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 68 Watson st Insanitum

Cause of Death, {First (Primary.) {Second (Immediate.)}

Duration of Last Sickness, 3 or 4 Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Country

Date of Burial, December 7 1879

Undertaker, William A Dwyer

Place of Business, 62 East St

Charles H [redacted] *M. D.*
Medical Attendant.

Address 85 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 5th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louise Fleming

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 36 *Years,* 7 *Months,* 25 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 70 Raborg St

Cause of Death. First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cemetary

Date of Burial, December 7, 1879

Undertaker, Hercules Hess

Place of Business, 1095 Conway St

J. A. Gillis *M. D.*
Medical Attendant.

Address, 1520 Sarah St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36548

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Arthur

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 167 N. Paca St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 9 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, [redacted]

H. Jenkins M. D.
Medical Attendant.

Undertaker, Henry W. Means

Place of Business, 215 N. Gay St *Address,* 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36549 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 8 1879 BALTIMORE

Date of Death, December 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Lang

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 0 ad *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt^o City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} W^e 27 N Dallas st

Cause of Death { First, (Primary,) Inanition
Second, (Immediate,)

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, Dec 9 th

Undertaker, W. Dilfeld

Place of Business, 1 Bond st 151

L. Wauterwitz M. D.
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 36550

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 8 1879 BALTIMORE

Date of Death, Dec 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Kerchner

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} Jefferson & Washington

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec. 10th 79

Undertaker, Mc. Feaney

Place of Business, 200 Eastern Ave

Chas. T. Reynolds M.D.
Medical Attendant.

Address, 186 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36551

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 7 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Adelaine Ridge (Parents)

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 334 Hanover St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 8 1879

Undertaker, H Hoeck

Place of Business, Central Av

Thos A Steiner, M. D.
~~Medical Assistant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd E. Wellman [OVER.]

Permit No. 36552

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effa Rosa Morrow

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, ~~Male~~ (6) *Years,* three *Months,* five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Grafton Taylor Co. Va.

Duration of Residence in the City of Baltimore, About one year

Place of Death, {Give street and number.} No. 44 N. Henry Street

Cause of Death, First (Primary,) Scarletina

Second (Immediate,) Uraemia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Dec 8th 1879

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

J. Ridgely Hammond M. D.
Medical Attendant.

Address N.E. Cor. Calhoun & Hollins Sts. City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36553

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Spear,

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York, Pa.

Duration of Residence in the City of Baltimore, Sept. 1st. 1879

Place of Death, {Give street and number} Maryland Ave.

Cause of Death First, (Primary,) Pleuro-Pneumonia,

Second, (Immediate,) Asphyxia,

Duration of last Sickness, A few days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemy

Date of Burial, Dec 8 1879

Undertaker, M. Franc

Place of Business,

A. A. Lusk M. D.

Medical Attendant,

Address, Balt. & Mad. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36554

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary R. McDonald

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 64 Years

Place of Death, {Give street and number.} 53 S. Broadway

Cause of Death, First (Primary,) Carcinoma

Second (Immediate,) .....

Duration of Last Sickness, Ten Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 9th Dec. 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st.

Richard McSherry M. D.
Medical Attendant.

Address 189 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday, Dec 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Lance~~ Julia Mc Cubbin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* ~~3~~ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 522 Aisquith St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheritic Croup.

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 8th/79

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland & Lyndon

Address, 25 1/2 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha R. Jenkins Nixon (Parents)

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, [redacted] *Years,* *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give street and number.} 145 N. Dallas St

Cause of Death, {First (Primary,) / Second (Immediate,)} Hemorrage from Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 8 1879

{*Undertaker,* William Fry / *Place of Business,* Broadway and Fayette} *Address,* 226 E. Monument St

D E Jordan *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs B. Mc Murray

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Plaster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty-(3?) Years

Place of Death, {Give street and number} 81 Lemmon St

Cause of Death, First, (Primary,) Pthisis

Second, (Immediate,) Two (2) Years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 8th 1879

Undertaker, P Kunnuel

Place of Business,

W. L. Speir M. D.
Medical Attendant.

Address, 81 Lemmon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Edwd Scott

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 9 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Northampton Co. Va

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 664 W. Lombard St

Cause of Death, First, (Primary.) Typhoid Fever,

Second, (Immediate,) Exhaustion

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Dec 9th 79

Jas. Jones, M. D.
Medical Attendant.

Undertaker, Thos. E. Hughes

Place of Business, 11 E Balto Address, 530 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Burgin McCormick

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, Twenty four *Years,* Two *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ascension Parish Louisiana

Duration of Residence in the City of Baltimore, Eight Months

Place of Death, {Give street and number} NE 454 Madison Ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Expectoration

Duration of last Sickness, Eighteen months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 9 1879

T. P. McCormick M. D.
Medical Attendant.

Undertaker, John H. Brewster

Place of Business, 22 W. Fayette *Address,* 452 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 8 1879

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th, 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Williams

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, Twenty Years, ~~ Months, ~~ Days.

Color, Col'd

Married, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Housework

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City. ~~

Duration of Residence in the City of Baltimore, ~~

Place of Death, { Give street and number } City Hospital.

Cause of Death { First, (Primary,) Pneumonia. / Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Dec 8th 1879

Undertaker, P. Moullen

Place of Business, ~~

H. C. Ireland M. D.
Medical Attendant.

Address, Corner E. d,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Eccleston

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 60 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 422 Orleans st.

Cause of Death First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec. 9. 1879

Undertaker, H. A. Darger

Place of Business, 74 S. Broadway

P. Lee Dawes M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Hines

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 36 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, ~~House~~ Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 2 yrs. and 20 days

Place of Death, {Give street and number} Maternity 163 W Lombard St,

Cause of Death, First, (Primary.) Peritonitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co Md

Date of Burial, Dec 8 1879

J. H. Branchum M. D.
Medical Attendant.

Undertaker, or O. A. Horner

Place of Business, Emmittsburg Md *Address,* 163 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 607

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 3 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Linnie Magee

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ( ) *Years,* 3 *Months,* 11 *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number } 5 Neighbor Alley

Cause of Death, { First, (Primary.) Marasmus

{ Second, (Immediate,)

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, 8th Dec

Silas W. Hunter M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 W Gay St *Address,* 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Bamberger

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 95 *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, Thirty two years

Place of Death, {Give street and number} 143 Saratoga Street

Cause of Death { First, (Primary,) Senility
, { Second, (Immediate,)

Duration of last Sickness, Could not state, as there was too gradual a decay

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Dec 9 1879 A Spiedenwald M. D.
Medical Attendant.

Undertaker, Apple Eilau

Place of Business, 101 Gough *Address,* 88 N Eilau Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36565

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 Dec 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rutland

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 25 *Years,* Nine *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cooker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto:

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 223 Hudson St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1½ years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 8 /

Undertaker, John Hanraig

Place of Business, 532 Columbus St

J. Donaldson M. D.
Medical Attendant.

Address, 108 Park Ave
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...l attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary T. ~~Henry~~ Washington

Sex, Male ~~or Female~~, { cross out the word not required in this line. } (Twin) (Parents)

Age, ____ *Years,* ____ *Months,* 3 hours *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 524 Monroe Alley

Cause of Death, { First, (Primary,) Premature Birth (7 mos

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Dec 9th 1879

Undertaker, A. Wayman

Place of Business, Saratoga St

James A. Steuart M. D.

Address, Corner of Steuart & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Mary~~ Henry Washington

Sex, ~~Male~~ or *Female,* { cross out the word not required in this line. } (Twin) (Parents)

Age, ~~Years,~~ ~~Months,~~ One *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 57 Moore's Alley

Cause of Death, { First, (Primary,) Premature Birth (7 mos) / Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 8th 1879

Undertaker, A. Waysman

Place of Business, Saratoga St.

Address, County of Health Office

James A Steuart M. D.
~~Undertaker.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Exam by E Wennmacher

Board of Health, City of Baltimore,

Permit No. 36568

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Jane McKeown

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 56 Cumberland St.

Cause of Death, First, (Primary,) Diphtheritic Croup — no Local Cause

Second, (Immediate,) .....

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park Cemetery

Date of Burial, December 7th 1879

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

J. J. Keller M. D.
Medical Attendant.

Address, 84 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 36569

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th Dec. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry H Oester

~~Sex~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.}

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 412 So Charles

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Dropsy

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

A. W. Dodge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Attention of Physicians is respectfully invited to the remarks below, and to those on the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 4th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kemper

Sex, Male or Female, {cross out the word not required in this line.}

Age, Seventy six *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, About forty years

Place of Death, {Give street and number} ~~Hereditary~~ 32 Lingwith St

Cause of Death, First, (Primary,) Dr. P Oldage

Second, (Immediate,) Softening of the brain with paralysis

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem.

Date of Burial, Dec 8th 1879

M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 W Gay St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore.

Permit No. 3657

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida L. Canfield

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 15 *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fell Station Sound

Duration of Residence in the City of Baltimore, 5 4 years

Place of Death, {Give street and number} 43 Fathedral Street

Cause of Death {First, (Primary,) Paralysis of the Heart

Second, (Immediate,) 5 minutes

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 9th Dec 1879

Undertaker, H W Jenkins & Son

Place of Business, 16 Light st.

Edward Shearer M. D.
Medical Attendant.

Address, 97 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 36572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George White

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Four *Years,* Two *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No. 307 S. Howard St

Cause of Death, First, (Primary,) Cerebral congestion

Second, (Immediate,) Convulsions and coma

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, December 8th 79

Undertaker, Perkins & Keene

Place of Business, 150 Hanover

F. F. Dyer *M. D.*
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore

Permit No. 36573 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Thompson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* , *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 8 Years.

Place of Death, {Give street and number} 5 Hillsamon St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cancer of the Neck. (Schirus)

Duration of last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Catholic Dept. Cathedral

Date of Burial, Dec. 9th

Undertaker, B. Hanly

Place of Business, 152 Sharp St.

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Transit Permit No. 1608

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 86574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry A. Hayward

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 143 Williams st

Cause of Death { First, (Primary,) Scarlatina Maligna

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 9th 1879

Undertaker, Kemp & Penn

Place of Business, 263 Light st

R H Carter M. D.
Medical Attendant.

Address, 315 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimor

Permit No. 36575

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 4 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Adams

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6 Myers Court

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 7

Undertaker, John Hower

Place of Business, 225 E. Eutaw St

H. S. Brune M. D.
Medical Attendant.

Address, 200 E. Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 36576

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. T. Meyers

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 141 S. Dallas

Cause of Death, First, (Primary.) Acute Meningitis

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 8th 1879

Undertaker, Theodore Locks

Place of Business, 11 Jefferson

R. W. Mayfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07411.]

Board of Health, City of Baltimor[illegible]

Permit No. 3657

OFFICE OF REGISTRAR OF VITAL STATI[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Howe

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Two *Years,* Eight *Months,* Seven *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 295 Aliceanna St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. Cemetery

Date of Burial, Dec 8th 1879

Wm. H. Claudius M. D.
Medical Attendant.

Undertaker, Theodore J. Locke

Place of Business, 13 Jefferson *Address,* No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 36578

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 6th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Howard

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} M

Age, 39 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montreal

Duration of Residence in the City of Baltimore, 20 days.

Place of Death, {Give street and number} University Hospital

Cause of Death, First, (Primary,) Chronic Bright's Disease

Second, (Immediate,) Hemiplegia, Apoplexy, degeneration of Heart

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Wes Public Cemetery

Date of Burial, Dec 8 18 79

Undertaker, Ford & Kershner

Place of Business, 50 Carrollton Ave

N. B. Brune M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36579

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarance Vance

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 12 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 199 Lee Street

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 9th

A. F. Bell M. D.

Medical Attendant.

Undertaker, F. F. Ford

Place of Business, # 131 Hanover St *Address* 234 Main Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 36580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill*
the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if req
so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mary

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty Three *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number.} 275 W Biddle St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Dysentery 1 week

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, Dec 8. 1879

Undertaker, Jos C. Jones

Place of Business, No 63. Park

Elias C Price M. D.
Medical Attendant.

Address 262 Mad ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

Permit No. 36581 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *ac-*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 9 1879 BALTIMORE

Date of Death, Dec. 8th 1879.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis G McMahon

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Three *Years,* Seven *Months,* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 85 Hollins St.

Cause of Death {First, (Primary,) "Scarlet Fever"
Second, (Immediate,) Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Dec 9' 1879

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

L. Kuhlman M. D.
Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 36582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ac
ont, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1879

CERTIFICATE OF DEATH.

Date of Death, December 2 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Oder

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 21 *Years.* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Burning life

Place of Death, { Give street and number } 39 S. Charles St

Cause of Death { First, (Primary,) Cerebral fever

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 4

Undertaker, F H Cook

Place of Business, 707 W Baltimore

H. Rinehart M. D.
Medical Attendant.

Address, 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 36583

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th. 11 o'clock, A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Jane

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, One *Years,* June *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} N. W. Corner Hollins & Republican Sts.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 1140 Little Green St.

Cause of Death, First (Primary.)

Second (Immediate,) Inflammation Croup.

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, 9th December 1879.

Undertaker, George Limbach.

Place of Business, 89 & 91 W. Pratt St.

Jno. H. Edwards M.D.

Medical Attendant.

Address, 166 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

Permit No. 36584

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1879

CERTIFICATE OF DEATH.

Date of Death, December 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L Vandaniker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* 7 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 252 Hanover st

Cause of Death, First, (Primary,) Brain Disease Malarial

Second, (Immediate,) Anemia

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon County Va

Date of Burial, December 9

Undertaker, Chas Wm Gardner

Place of Business, 224 Hanover st

H Lentz *M. D.*
Medical Attendant.

Address, 252 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Permit No. 36585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 9 1879 BALTIMORE

Date of Death, Monday Dec 8th 7.30 Am

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sterett Gittings

Sex, Male or ~~Female~~, {~~Cross out the word~~ not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Banker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 149 St Paul's st

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,) six days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, December 10th

Undertaker, R. Renwick & Sons

Place of Business, 92 N. Howard St

Riggin Buckler M. D.
Medical Attendant.

Address 85 St Paul's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 9 1879 BALTIMORE

Date of Death, Dec 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Penniman

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, Sixty-five *Years,* Eight *Months,* *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Md

Duration of Residence in the City of Baltimore, About Thirty-five Years

Place of Death, {Give street and number} 243 Mulberry St-

Cause of Death, First, (Primary.)

Second, (Immediate,) Chronic Bronchitis

Duration of last Sickness, About Two Years -

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Dec 10th 1879

Undertaker, J. Lewis Schaefer

Place of Business, 109 N. Howard

D. G. Linn M. D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decem. 7th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. P. Wright

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 66 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 66 yrs

Place of Death, {Give street and number} 465 E. Balto

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial December 9th 1879

Undertaker, Wm H. Hackman

Place of Business, No 234 N. Gay St

Daniel Shell M. D.
Medical Attendant.

Address, 465 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ISTICS.

Permit No. 36588 #36588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles T. Lerew

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 67 *Years,* ... *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number.} 186 W. Lombard Street

Cause of Death, First (Primary,) Apoplexia

Second (Immediate,) Softening of the brain

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 9th 1879

Dr F Reinhard M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 55 & 57 W Fayette St

Address 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kemble

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 4 *Years,* Four *Months,* Four *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number} 132 Hill St.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Cattarrh.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, December 10th

Undertaker, Hercules Ross

Place of Business, 95 Conway St

C. J. Bunge M. D.
Medical Attendant.

Address, 206 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Milly Ann Dorsey

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number } 82 N Dallas St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Asthenia

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, December 9. 1879

Undertaker, Wm H Dugee

Place of Business, 62 East St

Lucile Powell *M. D.*
Medical Attendant.

Address, No 29 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 7 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Cole

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 48 *Years,* 5 *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 171 Sarah Ann St

Cause of Death, First, (Primary.) Cancer of mouth,

Second, (Immediate,)

Duration of last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Harps St Cemetery

Date of Burial, Dec 9th 1879

Undertaker, Wm N. Lange

Place of Business, No 62 East St

James Bailey M. D.
Medical Attendant.

Address, 313 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Rudow

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Mr Rudow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Boston St

Cause of Death, First (Primary,) Intemperance & Exposure

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, December 8

Undertaker, Fredrick Mullin

Place of Business,

J. E. Ireland M. D.

Medical Attendant.

Address Coroner E. H.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36593.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Stanton

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Perry st between Hanover & Charles

Cause of Death, First, (Primary.) Whale Nutrition

Second, (Immediate,) Marasmus

Duration of last Sickness, all it Life wasting

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 10 1879

Undertaker, S. W. Chase

Place of Business, S. Howard St

_____ M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by — E. Wenman M.D.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1878

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert White Martin

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* 11 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Merchant Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Monmouth County New Jersey

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number} No. 38 Mount Vernon Place

Cause of Death First, (Primary,) Cirrhosis of Liver and Hypertrophy of Heart

Second, (Immediate,) " " " " "

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Williamsburg New York

Date of Burial, December 12th 1879

Undertaker, John N. Weaver & Co

Place of Business, # 22 W. Fayette St " "

Jno. Lloyd Martin M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 9 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eunice Connaday

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 91 Fort Ave

Cause of Death { First, (Primary,) Tuberculous Meningitis
Second, (Immediate,)

Duration of last Sickness, 21 Days

All the above Information should be furnished by the Physician.

Place of Burial, Bay View

Date of Burial, December 9th

Undertaker, C. B. Glenn

Place of Business, [illegible]

Herman Cortes M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Eliza Woodford

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 20 *Years,* *Months,* 27 *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dor South Co. Md.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 110 N. Register St

Cause of Death First, (Primary,) Phthisis Pulmonary

Second, (Immediate,) Exhaustion

Duration of last Sickness, about two (2) years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 9th 1879

J. L. Wilkins M. D.
Medical Attendant.

Undertaker, Theodore F. Locke

Place of Business, 77 W. Pearson *Address,* 77 W. Pearson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Ronge

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 324 Myrtle Ave

Cause of Death, First, (Primary,) Anemia

Second, (Immediate,) Neuralgia of the Lungs

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 11th

Undertaker, Wm J. McKee

Place of Business, 65 S. Eutaw

J. H Emmert M. D.
Medical Attendant.

Address, 76 Hacker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday, Dec 7th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward H. Crouch,

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 177 N. Central Ave

Cause of Death, First, (Primary,) Bronchial Pneumonia

Second, (Immediate,) Asthmia

Duration of last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 10 - 1879

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Henry Hahn

Place of Business, Cor N. Central & Gilmor

Address, 25 ½ Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Holmes

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Essex Co Va,

Duration of Residence in the City of Baltimore, Seven months

Place of Death, {Give street and number} 2 S. Paca St

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Essex Co Va.

Date of Burial, Dec 9th 1879

Undertaker, Wm. J. Dunger

Place of Business, No 62 East st

James Carter *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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...TATISTICS.

Permit No. 36600 ~~#~~ 36600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Greenbury Elijah Chambers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 152 Druid Hill Av

Cause of Death, {First (Primary,) Scarlatina / Second (Immediate,) Nephritis

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Saml Board'g

Date of Burial, Dec 10 1879

Undertaker, Samuel Wehane

Place of Business, 19 S Eutaw

J E Atkinson M. D.
Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Collins

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 80 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carrole Co Md

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number.} 126 Pierce St.

Cause of Death, {First (Primary,) Old age

Second (Immediate,) Some time

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hamp Cemetery

Date of Burial, December 10th 1879

Undertaker, Samuel Dean.

Place of Business, 91 Pratt St

R. C. Lee M. D.
Medical Attendant.

Address, Monument Barn St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Cohen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Pedlar

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and number} Hebrew Hospital

Cause of Death { First, (Primary,) Heart Disease
Second, (Immediate,) Asthenia

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Dec 10th 1879

A Friedenwald M. D.
Medical Attendant.

Undertaker, Wm Elias

Place of Business, 101 Gay ~~St~~ Street *Address,* 88 Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36603

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O'Rourke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Cor Davis & Booth Sts

Cause of Death, First (Primary,) Meningitis (Simple)

Second (Immediate,) Inanition

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Bonn Brae

Date of Burial, Dec 10th

Undertaker, Leo Schilling

Place of Business, Ashland Ave

E Wilcox *M. D.*

Medical Attendant.

Address 57 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Eby Boyle

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 83 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany about 55

Duration of Residence in the City of Baltimore, about 55

Place of Death, {Give street and number} 390 E. Baltimore

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Senility

Duration of last Sickness, About 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Dec 10 1879

Undertaker, Frey & Bro

Place of Business, 67 Broadway

____ *M. D.*
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Murray

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. }

Age, 53 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, Iron

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, about seven years

Place of Death, { Give street and number } Marsh Market House

Cause of Death { First, (Primary,) Spinal Paralysis

{ Second, (Immediate,)

Duration of last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 10th 1879 Chas C Donovan *M. D.*

Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Hunt *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Edelman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, ~~Gentleman~~ Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 16 years

Place of Death, {Give street and number} 6146 Rapp

Cause of Death, First, (Primary,) Remittent fever

Second, (Immediate,) old age

Duration of last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Dec 10th 1879

Undertaker, Jas B Cook

Place of Business, No 707 W Baltimore Street

H Albers M. D.
Medical Attendant.

Address, 95 S Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Peding

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~40~~ *Years,* 1 *Months,* 19 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Conductor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York State

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} 453 Lexington St

Cause of Death, {First, (Primary,) Tuberculosis — Second, (Immediate,) Congestion of Brain & Lungs

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Dec 10th 1879

Undertaker, Jos. B. Cook

Place of Business No 407 N. Baltimore Street

Thomas Opie M. D.
Medical Attendant.

Address, 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob H. Jane P. Clatchey

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, ~~1~~ *Years,* ~~1~~ *Months,* 1 *Days* 3/4

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 55 Henrietta Street Baltimore City

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Asphyxia Neonatorum

Duration of last Sickness, One & 3/4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, 10th December

Undertaker, H Brill

Place of Business, 81 Henrietta st

Z. K. Wiley M. D.
Medical Attendant.

Address, 138 Hanover St
Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta C. E. Krause

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 1. *Years,* 7. *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 324 Hanover St

Cause of Death First, (Primary,) ,

Second, (Immediate,) Tuberculosis Meningitis

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec. 10th 1879

Herdon Craig M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,* 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta J Haughey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 14 *Years,* 8 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Relief Home & Q Balto Co

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 10th 1879

Undertaker, Thos J Haughey

Place of Business, 641 E Balto *Address,* 341 N Broadway

Whitehurst M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

(10)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Brewthers

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 45 Diamond St

Cause of Death, First, (Primary,) Cold & Pleurisy

Second, (Immediate,) Dropsy

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 10 1879

Undertaker, W. M. Dunsee

Place of Business, East St

Address, Comm of Health & Registrar

M. D.

Medical Examiner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Weinman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Krick

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 418 East av.

Cause of Death, First, (Primary,) Intestinal Catarrh

Second, (Immediate,)

Duration of last Sickness, one wk

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn | City

Date of Burial, Nov. 10th 1879 | R.W. Mansfield *M. D.*

Medical Attendant.

Undertaker, Henry Snyder

Place of Business, 242 Central Ave | *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[9741.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36613 # 36613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec^ru 7^th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph C. Addison.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty five *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Shoe Cutter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number.} Corner Chas & Balto. St.

Cause of Death, {First (Primary,) Fracture of Cervical Vertebra. Second (Immediate,)

Duration of Last Sickness, 10 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec^r 12^th 1879

Undertaker, John L Kaehler

Place of Business, Park Ave

D. C. Ireland M. D.
Medical Attendant.

Address Coroner. E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 6th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Wales

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* ~~ *Months,* ~~ *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 39 Columbia Ave.

Cause of Death, First (Primary,) ~~

Second (Immediate,) Palsy Degeneration of the Heart

Duration of Last Sickness, 10 Hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Dec 11th 1879

Undertaker, John Machen

Place of Business, Parke Pratt,

Pembroke M. Wauble M. D.
Medical Attendant.

Address No 263 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L Shipley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* Nine *Months,* Twenty nine *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 378 West St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Diphtheria

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Dec 10th 1879

Undertaker, John A Wacker

Place of Business, Park & Fayette sts

J. Tyler Smith M. D.
Medical Attendant.

Address, No 231 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Fröelich

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 68 *Years,* 4 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Undertaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} ~~Cerebral~~ Hemorrhage No 293 Canton Ave

Cause of Death, First, (Primary,) Hemorrhage (Cerebral)

Second, (Immediate,) Paralysis

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Dec 11th

Undertaker, H. C. Froehlich

Place of Business, 246 Eastern Av

Thomas J. Evans, M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Peterson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 107 Lancaster Street

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Uremia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 10th

James H. Thomas M. D.
Medical Attendant.

Undertaker, H. C. Froehlich Jr

Place of Business, 246 Eastern Av *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...rtificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wm West

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~4~~ 4 *Years,* 8 *Months,* ~~—~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 133. Welcome Alley

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Croup

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 11 1879

Undertaker, Saml W. Chase

Place of Business, S. Howard St

_____ M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by — John H. Coulter [OVER.]

...ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Tidrick

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 10 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 89 Ridgely st.

Cause of Death, First, (Primary,) Pneumonia / Croup

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 10th 1879 — A. L. Buddenbohm M. D.

Medical Attendant.

Undertaker, T. N. Trott

Place of Business, #131 Hanover — *Address,* 166 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

USE, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...tificate.

Board of Health, City of Baltimore,

Permit No. 36620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Clark

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 79 *Years,* 8 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Armagh, Ireland

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give street and number} 618 E. Baltimore Street

Cause of Death, First, (Primary,) Senile decay

Second, (Immediate,)

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Dec. 11. 1879

Chas. T. Reese M. D.
Medical Attendant.

Undertaker, M. A. Daizer

Place of Business, 74 S. Broadway *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...tificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa White

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 13 Philpot alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Diarrhoea

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 10 1879

Undertaker, C. A. White

Place of Business, Granby St. *Address,* Comm'r of Health & Registrar

_____ M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined — C. Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Kohlman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4. *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 10 Monument St

Cause of Death { First, (Primary,) Scarlet Fever
Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Decem 11 1879

Wm Wehrly M. D.
Medical Attendant.

Undertaker, Henry Rau

Place of Business, 30 Central Av *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...tificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEC 1879

Permit No. 36623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sefalia Brown

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 3 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 22 Booth St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asap St

Date of Burial, Dec 11th 1879

Undertaker, Hercules Ross

Place of Business, Conway St

M. D.

~~Medical Attendant~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Weinman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 9th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Taylor

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number} 139 Welcome Al

Cause of Death, First, (Primary,) Burns from lamp

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, December 10

Undertaker, Hercules & Ross

Place of Business, 15 Conway St

R. B. Morrison M. D.
Medical Attendant.

Address, General Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Manoken

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 13 years.

Place of Death, {Give street and number} 5 Redding's Court

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St. Cemty

Date of Burial, Dec. 10th 1879

R. M. Hall M. D.
Medical Attendant.

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 Druid Hill Ave

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 9 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Nobleman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number} 148 Forest St.

Cause of Death, First, (Primary,) Strangulated Hernia

Second, (Immediate,)

Duration of last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Shel Shalom Cemetery

Date of Burial, Dec 11th 1879 Wm Abbott M. D.

Medical Attendant.

Undertaker, Wm E Law

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elies J Griffin

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cigar Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 205 Mulberry St

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, December 10 1879

Undertaker, Mathew Cadigan

Place of Business, 227 Mulberry St

F J Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dixon Steward

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 11 W. Lombard

Cause of Death, {First, (Primary.) Bright's Disease

Second, (Immediate,) 1 Year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 11th

Geo. B. Shipcott M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Lawton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number} 15 Williams ave b Pratt & Balmuriah

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Calvary

Date of Burial, Dec 12 79

Undertaker, Andrew L Dun

Place of Business, 163 Lyon

H V Webster M. D.
Medical Attendant.

Address, 51 Bancroft

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...licate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence May Kellenbeck

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 312 Eastern Ave.

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) ____

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cem'y

Date of Burial, Dec 11th 1879

Undertaker, H. M. Gehrmann

Place of Business, ____ *Address,* ____

James C. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Ridgeley

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 37 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or. Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number} 71 Chestnut Al

Cause of Death First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) Asthenia.

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 11th 1879

Wm H Howard M. D.
Medical Attendant.

Undertaker, Abraham Wayman

Place of Business, No. 13 Saratoga *Address,* City Dispatch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Elias Sykes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single,*~~ ~~*Widow*~~ *or Widower,* { Cross out the words not required in this line. }

Occupation, ~~Farmer~~ Gardener

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hanover Germany

Duration of Residence in the City of Baltimore. 50 Years

Place of Death, { Give street and number. } No 391 E Baltimore St

Cause of Death, { First (Primary,) Heart Disease
Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial Dec 13 at 10 O'Clock

{ *Undertaker,* Elisha Cox
Place of Business, 84 & 86 Bank St *Address*

W S Mahon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 36633

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

Date of Death, Dec 9th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Howard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Colored *Sex,*

~~*Married, Single,*~~ *Widow* ~~or Widower~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, Nearly if not quite her lifetime

Place of Death, {Give street and number.} 14 Stockton Alley

Cause of Death, First (Primary,) Senility.

Second (Immediate,) Acute attack of Rheumatism

Duration of Last Sickness, Confined to bed 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Shorpe St Cemetery.

Date of Burial, Dec 10 1879

Undertaker, William Bourge

Place of Business, No Stockdale Alley

Jno. G. Clay M. D.

Medical Attendant.

Address Park Ave & Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL [illegible].

Permit No. 36634 # 36634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Serena Fisher

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 273 N. Charles St.

Cause of Death, {First (Primary,) Typhoid-Pneumonia

Second (Immediate,) Died on 5th day of Attack

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec. 12th 1879

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light St.

Biggin Bucken M. D.
Medical Attendant.

Address 135 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Pruett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 10 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Guy St 613

Cause of Death, First, (Primary,) Membranous Laryngitis

Second, (Immediate,)

Duration of last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec. 12th 1879

R. White, M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 761 N. Gay *Address,* 761 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec 10th 1879~~ Sept 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Mary A. Bonner~~ John Edward Hubbard

~~Sex, Male or Female,~~ { cross out the word not required in this line. } Male

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 162 North Dallas st.

Cause of Death, { First, (Primary,) he Rowe to me
Second, (Immediate,) convulsions Epilepsy

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec 11th

Keller M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, 1 Ashland Square *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Board of Health, City of Baltimore.

Permit No. 36637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Martin

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Mulatto

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3yrs

Place of Death, {Give street and number} 173 Pine St.

Cause of Death {First, (Primary,) Scarlet Fever

Second, (Immediate,) Asthenia

Duration of last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Pats Cemetery

Date of Burial, Dec 11. 1879

Undertaker, John G. Gugle

Place of Business, 12 E. Pratt

Edmund C Fenn M. D.
Medical Attendant.

Address, Balto. Infirmary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Lange

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 11 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 230 Light St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 190 Shark St

Cause of Death { First, (Primary,) Scarlet Fever / Second, (Immediate,) 14 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 11th Dec

Geo. W. Benson M. D.
Medical Attendant.

Undertaker, N. Bile

Place of Business, Hannah St

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36639

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1879

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Coffey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* 11 *Days.*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 180 Greenmount Ave

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Dec 11th 1879

Silas N. Hunter M. D.
Medical Attendant.

Undertaker, Wm Coffey

Place of Business, 180 Greenmount Ave

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1879 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Dec. 10, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena A. Derby

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number} 915 W. Baltimore

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Mass

Date of Burial, Dec 11 79

Undertaker, Denny & Mitchell

Place of Business, 55 W Fayette St

John [illegible] M. D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Paint 1614

[OVER.]

Board of Health, City of Baltimore

Permit No. 36641

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fardell

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 11 *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Newark N. J.

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number} 123 Paltkin St.

Cause of Death First, (Primary,) Hooping Cough

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Decem 11

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore

Chas F. Mettenet M. D.
Medical Attendant.

Address, 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL [illegible]ICS.

Permit No. 36642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

Date of Death, Dec 11th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John L Maddox

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 *Years.* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Blacksmith

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, { Give street and number. } No 23 Vincent Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Tubercular Phthisis

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery Wm J H Larkin M. D.

Medical Attendant.

Date of Burial, Dec 13th 1879

Undertaker, Jos. B Cook

Place of Business No 703 Baltimore Street *Address* No 763 W Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Edward Clark,

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 8 Federal St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Exhaustion

Duration of last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 11th 1879

Undertaker, Chas J Kerrigan

Place of Business, 270 Eutaw

R. D. Burrell M. D.
Medical Attendant.

Address, 340 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 366414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th December 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Schleicher

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 66 *Years,* 10 *Months,* ____ *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Moellers, Baiern, Germany.

Duration of Residence in the City of Baltimore, since 1852.

Place of Death, {Give street and number} 168 S. Bethel Str.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Marasmus.

Duration of last Sickness, several years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, December 13, 79. | Robert Anthon M. D. Medical Attendant.

Undertaker, Van Hart & Lee.

Place of Business, S. Eden & Fell's [illegible] | *Address,* 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Noah

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 weeks *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 180 S. Durham St.

Cause of Death, First, (Primary.) Gastro Intestinal Catarrh

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem

Date of Burial, Dec. 12th 1879

Undertaker, Mr. Frances

Place of Business, Caroline ave.

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm'r of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Dr McShane

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36646 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

Date of Death, Dec. 9. 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alphonsus Rohne,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 *Years,* *Months,* *Days.*

Color, White, *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Clerk,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City,

Duration of Residence in the City of Baltimore, During Life,

Place of Death, { Give street and number. } 658 W. Balto. St.,

Cause of Death, { First (Primary,) Phthisis Pulmonalis, / Second (Immediate,) }

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hope Cemetery

Date of Burial, Dec. 12th 1879

J. L. Hyde M. D.
Medical Attendant.

{ *Undertaker,* P. Kimmel
{ *Place of Business,* 311 Bulbery St. *Address* 247 Lemmale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 36647

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Shrewsbury N. J.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Sims

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 50 Josephine st

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Summons q

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December the 11

Undertaker, John C. Horton

Place of Business, 1262 Pratt st

Henry Darling M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S[illegible]es.

Permit No. 36648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decem. 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brunan

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 33 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Dredger

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} City - Hospital

Cause of Death {First, (Primary,) Pulmonary Congestion

Second, (Immediate,) Apnoea

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, E. B. P. Cemetery

Date of Burial, Dec 11th 1879

Undertaker, P. Mullin

Place of Business, P Park ave

David Streett M. D.
Medical Attendant.

Address, City - Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36649 OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decbr 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schloman

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} [redacted] W. cor Camden & Sharp Sts.

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Septicaemia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 12.

Undertaker, [illegible]

Place of Business, [illegible]

Chas F. Heuer M. D.
Medical Attendant.

Address, 68 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ard of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL ...

Permit No. 36650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

Date of Death, December 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie L Mop

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* 16 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Gibralter Europe

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number} No 403 E. Lombard St

Cause of Death { First, (Primary,) Dentition (Nasal cavity
Second, (Immediate,) Exhaustion from Hemorrhage of the

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec. 12. 1879

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

J Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ard of Health, City of Baltimor...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

Date of Death, December 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. H. Gollman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* one *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 118 Burgundy St

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) Uraemia

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 12 1879

J C Burch *M. D.*
Medical Attendant.

Undertaker, W. D. Tickner

Place of Business, 65 S. Eutaw St *Address,* 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 10 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Ebert

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Canton Balt. Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Alleghany & Hudson Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Dec. 12th

John J. Litzer M. D.
Medical Attendant.

Undertaker, Wendelin Diffenbach

Place of Business, S. Bond st 157 *Address,* 160 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...rd of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah R. S. Lewis

Sex, Male or Female, {cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* 5 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 119 N. High

Cause of Death { First, (Primary,) Diphtheritic Croup
Second, (Immediate,) 10 day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 13th 1879

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

S. T. Coyner *M. D.*
Medical Attendant.

Address, 134 N. High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 12 1879 BALTIMORE

Date of Death, December 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry A Pullman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 116 York St

Cause of Death, First, (Primary,)

Second, (Immediate,) Dysentery

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, December

Sheldon Leeds M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 48.]

Permit No. 36655 + 36655

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1879 MD

CERTIFICATE OF DEATH.

Date of Death, Decbr 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Relia Sye

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 111 Welcome Alley

Cause of Death { First, (Primary,) Diptheria / Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Shars Cemetery

Date of Burial, December 12

Undertaker, Hercules [illegible]

Place of Business, 95 Conway St

Chas F. Heuer M. D.
Medical Attendant.

Address, 68 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Watson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* — *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} #153 East St.

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Dec 12th 1 Oclock

Ged H. Hartman M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 98 Eutaw Place *Address,* #305 N Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [9743.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1879

CERTIFICATE OF DEATH.

Date of Death, Dec. 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnes Lange

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 56 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 33 yrs.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} * 419 Enon St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem.

Date of Burial, Dec 13. 1879

Geo. A. Wortman M. D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 309 Central Av *Address,* * 305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

Permit No. 36658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 12 1879 BALTIMORE

Date of Death, Dec. 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Allen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 142 N Calhoun

Cause of Death {First, (Primary,) Second, (Immediate,)} Scarlatina 4th day of the Eruption

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 12

Undertaker, [illegible]

Place of Business, 319 Penna Ave

Edward Otto M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Burk

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 4 E Hillen between 3d & Aisquith

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Marasmus

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, December 13th

Undertaker, Michael Funk

Place of Business, 33 Canal St

M. D.
Medical Attendant.

Address, 2 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[97 4R.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Lee Sumner

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~~ *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 75 N. Broadway

Cause of Death, {First, (Primary,) Croup

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem'y — Thos A Clemm M. D.

Date of Burial, Dec 12th 1879 — ~~Medical Attendant.~~

Undertaker, Wm. A. Daiger

Place of Business, 74 S. Broadway — *Address,* Comm'rs of Health

H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

Board of Health, City of Baltimore

Permit No. 36661

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 12 1879

Date of Death, Dec 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Myers

~~*Sex,*~~ *Male or ~~Female~~,* {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 443 Eutaw Square

Cause of Death {First, (Primary,) Pulmonary Consumption
Second, (Immediate,) Exhaustion

Duration of last Sickness, About 9 years

All the above Information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, 13th Dec. 1879

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St.

Chas A Doremus M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 13 BALTIMORE

Date of Death, Dec 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm G Jenkins

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, 5 *Years,* 10 *Months,* ..... *Days.*

Color, Black

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto since birth

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 120 S Spring St.

Cause of Death {First, (Primary,)} Paralysis

{Second, (Immediate,)}

Duration of last Sickness, Abt 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Loudal Cemetary

Date of Burial, Dec 12th 1879

Undertaker, Charles A White

Place of Business, 35 Bramburg st.

Geo L Kinnemon M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10 "1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Brandley

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 36 *Years,* —— *Months,* —— *Days.*

Color, Col

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, washing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Indian

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} Mulberry St Ch

Cause of Death, {First, (Primary,) ——
Second, (Immediate,) Cancer of Breast

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12 "1879

James A Clarke M. D.

~~Medical Attendant~~

{*Undertaker,* W. M. Duncan
Place of Business, East St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bray

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 34 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Grocery & Provision Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} Corner Aisquith & Fayette Sts

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) ____

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, Dec 12th 1879

J H R Natje M. D.
Medical Attendant.

Undertaker, Jos F Byrne

Place of Business, 39 N Eutaw St

Address, 28 North St Helena St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 36665

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decr 11. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Schlintman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Carriage Manufacturer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number} 812 W. Baltimore St.

Cause of Death, First, (Primary,) Pulmon Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 13th 1879

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

(Shelton Hill M. D.
Medical Attendant.

Address, 432 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VIT

Permit No. 96666

The Physician who attended any person in a last illness is responsible for the presentation of this Certific
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of s
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th Dec 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reid Murdoch

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 72 *Years,* 9 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Scale Manufacturer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and number} 74 E. Chase St. Female Empire

Cause of Death, First, (Primary,) ....

Second, (Immediate,) ....

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudown Park

Date of Burial, Dec. 13th 1879

Undertaker, Chas. H. Weigand

Place of Business, Penna Ave

Jno Dana Adam M. D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 36667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* about 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 7 days

Place of Death, {Give street and number} St. Vincents Infant asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) asthenia

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 13. 1879

Undertaker, Basil Bowen

Place of Business, 152 Division St

Marbury Brown M. D.
Medical Attendant.

Address, 58 Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 36668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1879 11½ A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Emmet

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Can Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 63 Luzerne Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Dec 12th 1879

Undertaker, W. C. Edmondson

Place of Business, ...

James E. Donnelly M. D.
Medical Attendant.

Address, 2996 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 36669

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Holmes

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 68 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 52 yr.

Place of Death, {Give street and number} 266 Chew St

Cause of Death, First, (Primary,) Fracture of 1st Cervical Vertebra,

Second, (Immediate,) Asphyxia,

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 13th

Undertaker, Guy & 2nd

Place of Business, 54 N Broadway

J. W. Chambers, M. D.
Medical Attendant.

Address, 210 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Davidson Buck

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~48~~ 50 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} State of Virginia, Fredricksburg

Duration of Residence in the City of Baltimore, Native resident of Baltimore since of the Soldiers home Washington City

Place of Death, {Give street and number} No 3 Josephine St

Cause of Death, {First, (Primary,) Intemperance. Second, (Immediate,) A Paralytic caused by, Drunkenness}

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Fredericksburg Va

Date of Burial, Dec 13th 1879

Geo L Ogle Coroner M. D.
Medical Attendant.

Undertaker, F Lewis Schaefer

Place of Business, 109 N Eutaw St *Address,* 229 N Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No 1613

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 11 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecka Weaver
Elizabeth

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} Harford Co Md
43 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 298 N. Lexington St

Cause of Death, {First, (Primary,) Paralysis
Second, (Immediate,) Seven (7) Years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 13 1879

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

H. C. Grier M. D.
Medical Attendant.

Address, 3 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 10/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Dale Carter

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~Years~~, 13 Months, Days.

Color, White

~~Married, Single~~, Widow or Widower, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 13 mos.

Place of Death, { Give street and number } 20 n. Pulaski

Cause of Death, { First, (Primary,) Spasms

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 12th 1879

A. L. Green M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St. *Address,* 32 Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Pennington

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 89 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Queen Annes Co. Md.

Duration of Residence in the City of Baltimore, About 50 Years

Place of Death, {Give street and number} 142½ Central Ave

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Asthma

Duration of last Sickness, About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Dec. 14th 1879

..... M. D.
Medical Attendant.

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Ashel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 7 3 *Years,* 8 *Months,* 20 *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 157 S. Paca

Cause of Death, {First, (Primary,) Scarlet fever

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, December 14th

L. Lewis, *M. D.*
Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw *Address,* 157 Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED DEC 13 1879 BALTIMORE

Date of Death, Dec. 12, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Miller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 101 Wilkens Ave

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 13

Undertaker, Joseph H Cook

Place of Business, 707 West Baltimore *Address,* 3 Hillen Pl

James Bailey *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Curran

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S. A. Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 23 Granby st

Cause of Death { First, (Primary,) Second, (Immediate,) Scarletina Maligna 5 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Dec 13th 1879

Undertaker, James L Byrne

Place of Business, No 63 N Front St

J. Ridgway Hodge M. D.
Medical Attendant.

Address, 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday 12 h

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Hill (Father)

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 1/2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Salt Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 4 Hanover

Cause of Death {First, (Primary,) Umbilical Hemorhage

Second, (Immediate,) 48 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 13th 1878

Undertaker, W. M. Wandden

Place of Business, 280 Chas St.

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gibson

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.} Female

Age, 4 2 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Cor. Clay & Howard

Cause of Death, {First (Primary,) Phthysis Pulmonales Exhaustion

Second (Immediate,) .....

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 13 1879

{*Undertaker,* P. Kummel

Place of Business, Mulley's

Thos. Latimer *M. D.*

Medical Attendant.

Address, 184 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Shea

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 66 Lanes St.

Cause of Death, First, (Primary,) Intestinal Mucr.

Second, (Immediate,) & Exhaustion

Duration of last Sickness, 3 Three months,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec. 13th 1879

Undertaker, H. Snyder

Place of Business, 252 Canton Ave

H. G. Lurtz M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Alexander Riley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* Nine *Months,* Fifteen *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Baker & Division Sts

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 15th 1879

Undertaker, Denny & Mitchell

Place of Business, 537 W. Baltimore St

Wm. Wheeler M. D.
Medical Attendant.

Fayette & Howard Sts

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 36681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 12. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgiana Fazio

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 23. *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} A. A. Co. Maryland

Duration of Residence in the City of Baltimore, 6. Years

Place of Death, {Give street and number} 21. Hamilton St

Cause of Death, First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 14th

Kerdore Cottee M. D.
Medical Attendant.

Undertaker, B Hoale

Place of Business, 411 Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 13 1879

Date of Death, Dec. 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Fletcher

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} .....

Age, ... 3 *Years,* ..... *Months,* ..... *Days.*

Color, Color ccc

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md. since birth

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 120 N. Eutaw

Cause of Death { First, (Primary,) Pleuro Pneumonia
Second, (Immediate,) Asphyxia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Dec 14 th 1879

Undertaker, John Lake

Place of Business, 161 E Balto St

G. G. Rinehart *M. D.*
Medical Attendant.

Address, Balt. & Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 12 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Annie Coyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Ireland

Duration of Residence in the City of Baltimore. 28 Years

Place of Death, {Give street and number} St Vincents Hospital

Cause of Death, {First (Primary,) R K Thicke's

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician

Place of Burial, St Peters Cemetery

Date of Burial, Dec 13th 1879

{*Undertaker,* Joseph T Byrne

Place of Business, 59 S Liberty

Alan J Smith M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36684

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} _____

Sex, Male or Female, {cross out the word not required in this line.} _____

Age, _____ *Years*, _____ *Months*, _____ *Days.*

Color, _____

Married, Single, Widow or Widower, {Cross out the word not required in this line.} _____

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} _____

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give street and number} _____

Cause of Death, First, (Primary.) _____

Second, (Immediate,) _____

Duration of last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Inwood Cemetary

Date of Burial, Dec 14th 1879

Undertaker, Charles A White

Place of Business, 35 Granby st, *Address*, _____

_____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 8th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Scott

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Seventy five *Years,* — *Months,* — *Days.*

Color,

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Dinwiddie Co Va

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number} No 14 N. Dallas St

Cause of Death, First, (Primary,) Old age & General debility

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, 6 Oct 12th 1879

Richard Kinsey *M. D.*
Medical Attendant.

Undertaker, Thos J Locks

Place of Business, 73 Jefferson *Address,* 14 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th Dec, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbur A. Ruckles

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 510 W. Lombard St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 510 W. Lombard St

Cause of Death, First, (Primary.) Inanition

Second, (Immediate,)

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Dec 14th 1879

Undertaker, G. L. Cook

Place of Business, No 707 W. Baltimore Street

P. V. Benson M. D.
Medical Attendant.

Address, 187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decem. 11 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Delany

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Morbus Brightii
Second, (Immediate,) Asthenia

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, E. B. P. Cemetery

Date of Burial, Dec 13th 1879

Undertaker, P. Mullen

Place of Business, —

David Stewart M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36688 * 36688

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday December 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis W. Crane

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 27 Mosher st.

Cause of Death, First (Primary,) Laryngeal Diphtheria

Second (Immediate,) .....

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, 15th Dec. 1879

Undertaker, H.W. Jenkins Son

Place of Business, 16 Light st.

Kyffin Bucklen M. D.
Medical Attendant.

Address 135 N. Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie Kehoe

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 16 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 198 N. Front

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Dec 15th 1879

Geo. E. Reynolds M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 1 Gay St

Address, 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[0741.]

...d of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 14 1899 BALTIMORE

Date of Death, December 13th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Ordit

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 9th Jefferson ST

Cause of Death First, (Primary,) Pseudo-Membranous Croup.

Second, (Immediate,)

Duration of last Sickness, 9 days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 15 10½ A.M.

Francis X. Sumner M. D.
Medical Attendant.

Undertaker, Jacob Mullen

Place of Business, No 21 Harrison St

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

3664 / 3664

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Donnelly

Sex, Male or Female, { cross out the word not required in this line. } ~~Male~~ / Female

Age, 59 *Years,* — *Months,* — *Days.*

Color, Dark

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ / ~~Single~~ / ~~Widow~~ or Widower

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Calvert County Md

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, { Give street and number } 616 Lexington St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Consumption

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 3d

Undertaker, Hercules Ross

Place of Business, 15 Conway St

J. J. Shiel M. D.
Medical Attendant.

Address, 210 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED DEC 1879

Date of Death, December 13th, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Augusta

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 711 Orleans Alley

Cause of Death {First, (Primary,) Diptheria

Second, (Immediate,) "

Duration of last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, Shaw St Cemetery

Date of Burial, December 14

Robt Beck M. D.
Medical Attendant.

Undertaker, Hercules Boss

Place of Business, 94 Monument St *Address,* 651 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Flescher.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bookkeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany, 25 years in U.S.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number} 270 E. Lombard St.

Cause of Death { First, (Primary,) / Second, (Immediate,) } Pernicious Remittent Fever,

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Cemetery

Date of Burial, Dec 13th 1879. J. N. Tall, *M. D.*

Medical Attendant.

Undertaker, Wm. Elam

Place of Business, 101 Gough *Address,* 152 Sharp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Adams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 30 *Years,* 0 *Months,* 0 *Days.*

Color, Dark Brown

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number} No 1 Pratt alcoat st

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St. Cemetery.

Date of Burial, DEC. 14th 1879

Undertaker, Wm. F. Bishop Jr.

Place of Business, 97 Druid Hill Ave.

J. H. Bohm M. D.
Medical Attendant.

Address, Co Dolfield & Bay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Davis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Puddler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 348 Fleet Street

Cause of Death {First, (Primary,)} Paralysis

{Second, (Immediate,)} Cerebral Hemorrhage

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec. 15th 1879

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

W. G. Lusk M. D.

Medical Attendant.

Address, 1 Balt. & Wash. Pl.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Anderson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 5-6 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 22 Brune St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 15th

H F Hill M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, —

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th. December 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Back

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chesnut Ridge, Baltimore County

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give street and number} S. Caroline Street 232.

Cause of Death, First, (Primary,) Degeneratio hepatis et renum:

Second, (Immediate,) Hæmiplegia et Oedema Extremitat. inferior.

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec 15th

William Henkel M. D.
Medical Attendant.

Undertaker, W. Dilg & Son

Place of Business, S. Broadst.

Address, S. Wolfe St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gillen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 8 Federal West near Decker

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) .....

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Dec 15 1879

Undertaker, Jas. P. Bayliss

Place of Business, ...

W. B. Browne M. D.
Medical Attendant.

Address, 307 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wombach

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years,~~ 4 *Months,* 4 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {~~Cross out the word not required in this line.~~}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} San Francisco Cal

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 120 N Gay St

Cause of Death, First, (Primary,) – Hydrocephalus –

Second, (Immediate,) – Paralysis –

Duration of last Sickness, (Since birth)

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec. 14th 1879

Undertaker, Henry Sander

Place of Business, 252 Canton Av

Thomas J Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec'r 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Elizabeth Frank

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One (1) *Years,* ——— *Months,* Twenty four (24) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ball City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 487 W Gay Street

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec. 15th 1879

S. W. Bloom M. D.
Medical Attendant.

Undertaker, Adam Funk

Place of Business, 461 W. Gay St. *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 36701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 1 2 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 49 Hillyard

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion Coma

Duration of last Sickness, One week. I only saw it a few hours before death.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 14th 1879

Geo D Reynolds M. D.
Medical Attendant.

Undertaker, James D Byrne

Place of Business, No 63 Fn Front St *Address,* 432 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36702

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 10. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lily Hedgins Summers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* 9 *Months,* *Days.*

Color, Col. *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 55 Hyson st.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 Fisher st.

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) Uraemia with convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 13 1879

Undertaker, H H Chase

Place of Business, No 193 Howard st.

E. H. Holbrook M. D.
Medical Attendant.

Address Penn Free Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 36703

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [illegible] 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Castes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 65 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, about 15 yrs

Place of Death, {Give street and number} 68 Wilcom al

Cause of Death {First, (Primary,) Accidentally / Second, (Immediate,) Burned

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 14 1879

Undertaker, H Wehage

Place of Business, 198 Howard st

R. C. Lee M. D.
Coroner's Physician

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 Dec 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Dyett

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 6 24 *Years,* *Months,* *Days.*

Color,

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 64 yrs

Place of Death, { Give street and number } Aged Womens Home

Cause of Death { First, (Primary,) Epilepsy
Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 15th Dec 1879

Undertaker, Hy W Beasley Asst

Place of Business, 16 Light St *Address,*

Geo H Eyster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36705

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

Date of Death, Dec 14. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie M. Gilmor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pensacola Fla.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 518 Druid Hill Ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) of Febris Typhoides 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, 15th Dec 1879

Alby Tomlinson M. D.
Medical Attendant.

Undertaker, H W Dentzius Son

Place of Business, * 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 36706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Kennedy Wood.

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 755 W Pratt St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Croup

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 15th 1879

Undertaker, Jos. B. Cook

Place of Business, No 707 W Baltimore Street

W. McKeguen M. D.
Medical Attendant.

Address, W. Mc Fayden Madison Sq

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma C Ecker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 9 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 54 S. Schroeder St.

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,)

Duration of last Sickness, About 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 15th 1879

Undertaker, Jos. B Cook

Place of Business, No 707 W Baltimore street

W. Buchanan M. D.
Medical Attendant.

Address, 587 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decb 13. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schloman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number} cor Sharp & Camden Sts

Cause of Death First, (Primary,) Scarlet fever

Second, (Immediate,) Septicemia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 15th

Undertaker, Ernest Lehmann

Place of Business, [illegible]

Chas F. Reuter M. D.
Medical Attendant.

Address, 68 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Elmer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Eight (8) *Years,* One (1) *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 214 Frederick Ave

Cause of Death, First, (Primary,) ?

Second, (Immediate,) Found Dead — (over)

Duration of last Sickness, Two Days —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 15 1879

C. C. McDowell *M. D.*
Medical Attendant.

Undertaker, John D Pauley

Place of Business, 66 Frederick Ave *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

Date of Death, December 12th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noah Collins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 41 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hagerstown

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 81 N. Liberty St.

Cause of Death, First, (Primary,) Acute Rheumatism

Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

F. H. Sauer *M. D.*
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36711 # 36711 REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 15 1879

Date of Death, December 13. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Matthews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and number.} 18 St. Mary St

Cause of Death, {First (Primary,) Non-viable ~~xxx~~ Second (Immediate,) Supposed lung inadequacy

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec 14th 1879

Undertaker, Wm Allen

Place of Business, 356 W Howard St

J. E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 14th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Montgomery Watson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 10 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City Md

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 645 Penna. Ave

Cause of Death { First, (Primary,) Tuberculosis / Second, (Immediate,) Inanition

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 15-1879

Undertaker, Wm E Edwards

Place of Business, 336 Penna ave

J. H. Christian M. D.
Medical Attendant.

Address, 431 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36713.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec^r 13. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Nine 9 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 1 Hacke Alley.

Cause of Death, {First (Primary,) Burns (of entire body)
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Dec. 14th 1879

Undertaker, Theo Locke

Place of Business, 73 Jefferson St

W. C. Ireland M. D.
Medical Attendant.

Address Coroner E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Berryman.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 63 Years, Months, Days.

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number} 157 William St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Phthisis Pulmonalis

Duration of last Sickness, About 12 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 15 1879

Undertaker, Armstrong & Dunn

Place of Business, #263 Light St. Address, 152 Sharp St.

L. J. McTall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Winnenberg

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 32 N Central Ave

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Same

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Dec 16th 1879

Undertaker, [illegible]

Place of Business, [illegible]

D W Cathell *M. D.*
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

Date of Death, Dec 14th 79

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Kenney

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 75 Goodman St.

Cause of Death {First, (Primary,) Second, (Immediate,)} Meningitis

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 15 1879

Undertaker, C F Kramer

Place of Business,

R J H Hall M. D.
Medical Attendant.

Address, 1528 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36711 ± 36717 STATE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

Date of Death, December 14. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann London

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 302 Madison Ave

Cause of Death, First (Primary,) Aortic valvular disease of Heart

Second (Immediate,) Syncope

Duration of Last Sickness, Died suddenly

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec. 16th 1879

Undertaker, Stuart & Mowe

Place of Business, 30 Park

D'Lacy Hinman M. D.
Medical Attendant.

Address 319 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 36718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha N. Fisher

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 29 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Thomas Ger. Indies

Duration of Residence in the City of Baltimore, 2 & 8 mos

Place of Death, {Give street and number} 120 Hanover St

Cause of Death { First, (Primary,) Scarlatina

Second, (Immediate,) 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 15th 1879

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 62 Sharp

R. J. H. Tull *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 13th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Conrad Groh

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 20 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Shoe Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md. Hagerstown

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 82 S. Central Avenue

Cause of Death, { First, (Primary,) Heart disease Valvular / Second, (Immediate,) .....

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Dec 15th 1879

Date of Burial, Baltimore Cemetery

Undertaker, D. Rossiter

Place of Business, 97 Bond St. *Address,* 922 E. Balto. Street

James E. Bramble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ENG. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Two *Years,* Three *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 359 N. Broadway

Cause of Death { First, (Primary,) Membranous Croup
Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 16th 1879

John Morris *M. D.*
Medical Attendant.

Undertaker, John N. Weaver & Co

Place of Business, #22 W. Fayette St *Address,* 5 N. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jannes

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 9 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 79 Goodmans alley

Cause of Death, First, (Primary,) Eclampsia

Second, (Immediate,) Insanelēus

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemet

Date of Burial, Dec 16 1879

James A Kennedy M. D.

Undertaker, Hercules Ross

Place of Business, Conway St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by — E. Wenman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec. 14th. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara L. McCubbin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 11 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 522 Aisquith St.

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 16th/79

Undertaker, George Schilling

Place of Business,

Wilmer Brinton M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36723

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec^r 12th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Law

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty Eight *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 154 Chesapeake St.

Cause of Death, {First (Primary,) Heart disease.
Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Dec. 16. 1879

Undertaker, M. A. Dwyer

Place of Business, 94 S. Broadway

D. C. Ireland M. D.
Medical Attendnnt.

Address Coroner E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, DEC 13 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} No Name } Annie Bracco mother

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years,~~ ~~Months,~~ 1/2 hour Days.

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 40 Ulmer alley Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 40 Ulmer alley Balto

Cause of Death, First, (Primary.)

Second, (Immediate,) Pressure on brain

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 15th 1879

Undertaker, Wm J Gray

Place of Business, 65 Baltimore St

F. H. Boyd Lytle M. D.
Medical Attendant.

Address, Dunsens Tavern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 14th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Washington Jackson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 9 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death, { First, (Primary,) Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co

Date of Burial, Dec 16th

Undertaker, W. H. Buckman

Place of Business, 23rd Ley

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Paid 16 14

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 14 "1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 A. Cohens alley

Cause of Death, First, (Primary,) Neglect Exposure

Second, (Immediate,) Emaciation

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pubblic Cem'y

Date of Burial, Dec 15 "1879

James F. Cleary M. D.

~~Medical Attendant.~~

Undertaker, F. A. Kerchner

Place of Business,

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by, Jno. Fitzpatrick

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36727

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

Date of Death, December 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank H. Massie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 5 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School Boy

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 93. Preston St. Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 393 Lexington St.

Cause of Death, First (Primary,) Malaria Disease of Heart.

Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Front Royal Va

Date of Burial, Dec 16th 1879

J. Wm Walls M. D.
Medical Attendant.

Undertaker, Decker & Mitchell

Place of Business, 330 W Fayette St *Address* No 18 So Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1615

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bohman

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 220 Lexington St

Cause of Death, First, (Primary,) Eclampsia

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 16 1879

Undertaker, P. Seewald

Place of Business, ———

Thos A Glenn M. D.
Attending Attendant

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by John A Coulter

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Schippler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany (24 yrs in Am-

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number} St Josephs Hospital

Cause of Death { First, (Primary,) Phthisis
, Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 yrs

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Dec. 16th 1879

Oscar J. Cokery M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, #61 N. Gay St *Address,* 188 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edwd Fuhrmann

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~~ *Years,* ~~~ *Months,* 28 *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1524 Eastern ave

Cause of Death, { First, (Primary,) meal Indigestion / Second, (Immediate,) Inanition

Duration of last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 16th 1879 — Thos A Glenn M. D.

Undertaker, Chas. A. White

Place of Business, Grundy St. — *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman M.D.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo R Joyce

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 32 *Years,* 11 *Months,* 6 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 251 E Pratt St

Cause of Death First, (Primary,) Inflammation of Kidneys

Second, (Immediate,) Asthenia

Duration of last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Dec 16th 1879

Undertaker, H Sanders

Place of Business, Center St *Address,* 251 E Baltimore

Jno L Lynch *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th " 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Catherin Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philton Ireland

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} 524 Aisquith Street

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,) Consumption of Lungs

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Hod. Cross Ch

Date of Burial, December 17 1879

A. G. Watson M. D.
Medical Attendant.

Undertaker, Henry Hoeltz

Place of Business, 309 N. Eutaw St. *Address* 437 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 36733

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH BALTIMORE DEC 16 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Hamilton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E Biddle st No 197

Cause of Death, First (Primary,) Rheumatism Heart

Second (Immediate,)

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bald Cemetery — H. Mahon

Date of Burial, Dec 17 1879

M. D.

Medical Attendant.

Undertaker, Henry Hecock *Address*

Place of Business, Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Emma Cole & Michael Cole

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 4 Patterson Park ave

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Intussusception

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 16 1879

Undertaker, H. W. Gilmeyer

Place of Business, [redacted]

——— M. D.

Medical Attendant

Address, Comm's of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined E. Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1879 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decemb. 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Andenk

~~Sex,~~ *Male or* ~~*Female,*~~ {Cross out the words not required in this line.}

Age, 1 *Years,* *Months,* 10 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Park ave.

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemt

Date of Burial, Decemb. 17th 79

Undertaker, Rau & Bartol

Place of Business, 62 & 64 Balt St.

Approved

C. H. Hammer M.D.

Medical Attendant.

Address, 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 15-th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Jockel

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 303 Cross St.

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 17th 1879

Undertaker, Julius Kochler

Place of Business, Sharp & Cross Sts *Address,* 152 Sharp St

R. J. H. Gall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1879

CERTIFICATE OF DEATH.

Date of Death, December 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Schaumer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3. *Years,* 6. *Months,* 22. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 312 S. Clarke St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Diphtheria

Duration of last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 16th

Theodore Cook M. D.
Medical Attendant.

Undertaker, Henry Brice

Place of Business, Hanover St N 81

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 4h.]

Permit No. 36738

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 16 1879 HEALTH DEPARTMENT BALTIMORE

Date of Death, Dec 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Debelah McCauley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balt & 336 E. Madison

Cause of Death, {First (Primary,) Bright's disease Kid, 2 Second (Immediate,) 4 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 18-1879

{*Undertaker,* Jno Herwig

{*Place of Business,* 382 Orleans St.

O. S. Mahon *M. D.*

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1879

CERTIFICATE OF DEATH.

Date of Death, December 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hammond Dunbarow

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dover Delaware

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number} Lexington 359

Cause of Death, First, (Primary,) Indigestion old age

Second, (Immediate,) Angina Pectoris

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 18th 1879 E. C. Baldwin M. D.

Medical Attendant.

Undertaker, Joseph B. Cook

Place of Business, 707 W. Baltimore st Balto Md. *Address,* 1244 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Wilson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, {Give street and number} 67 President St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, About Ten Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 17th 1879

Undertaker, Jas. B. Cook

Place of Business, No 707 E. Baltimore street

John Neff M. D.
Medical Attendant.

Address, S E Cor Fayette & [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Tudor

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.} Tudor

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 184 Harlem Ave

Cause of Death, {First (Primary,) Phthisis and Endocarditis

{Second (Immediate,) Debility and Congestion of Lungs

Duration of Last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, December 18th 1879

D. R. Uhler M. D.
Medical Attendant.

Undertaker, Dunn & Mitchell

Place of Business, 550 W Fayette st Address 234 & 236 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[redacted] City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decem 14 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Welsh

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Labor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 25 yrs.

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) Apnoea

Duration of last Sickness, 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, E. B. P. Cemetery

Date of Burial, Dec 16 1879

Undertaker, P. Mullin

Place of Business, —

David Shull M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 16 1879

CERTIFICATE OF DEATH.

Date of Death, December 15. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. R. Sparks

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 Three *Years,* Six *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} * 178 E. Eager St.

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Apnoea

Duration of last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 17 Dec 2 Oclock

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, George C. Rodenmayer

Place of Business, 38 Exeter Street *Address,* * 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36744.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Griffin (mother)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 94 Plum alley between Cross & Hamburg sts

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Inanition

Duration of last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Dec 16 1879

——— *M. D.*

Undertaker, Saml W. Starr

Place of Business, S. Howard St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenman

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of [illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 12th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Miller

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 1 Years, — Months, 13 Days.

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} ~~[illegible]~~ No 357 S. Charles St

Cause of Death, First, (Primary,) Scarlet fever & Diphtheria

Second, (Immediate,) Blood Empoisoning.

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, December 16

Undertaker, John J. Heaney Jr

Place of Business, 382 Orleans St.

Henry Lange M. D.
Medical Attendant.

Address, 165 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 14th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hester Parens

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Sixty Seven *Years,* *Months,* *Days.*

Color, Dark

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 169 Hamburg St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Heart Disease

Duration of last Sickness, About Eighteen Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec. 16 1879

Undertaker, S. W. Colgate

Place of Business, 198 Howard St

D. G. Rodman M. D.
Medical Attendant.

Address, 84 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Bo[illegible]ty of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Seventy one *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomack Co. Virginia

Duration of Residence in the City of Baltimore, Since 1865

Place of Death, {Give street and number} 16 1/2 William Street

Cause of Death {First, (Primary,) Hepatitis

Second, (Immediate,) Comatose

Duration of last Sickness, Ten weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 17th 79

Undertaker, Nicodemus Bros.

Place of Business, 1129 Canton St

Address, 1467 Hill St

J. L. Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... December 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Infant Smith

Sex, Male or Female, { cross out the word not required in this line. } ..... Male

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, ... White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ..... City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } ..... 102 West St

Cause of Death, { First, (Primary,) ..... Premature Birth

Second, (Immediate,) ..... Exhaustion

Duration of last Sickness, ... 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 17th 1879 ..... *M. D.*

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Lees ..... *Address,* 135 E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36749

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Charles Kaesenger~~ 15 December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kaesinger

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 6 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Columbia Street 157

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Dec 17

Dr A Steinhard M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business. 707 west Baltimore

Address 224 W Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16-1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Frank Keech

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, One *Years,* Ten *Months,* Eight *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, Eight and half months

Place of Death, { Give street and number } 3 Bantalon St

Cause of Death, First, (Primary,) Diphtheria Sequel upon Scarletina

Second, (Immediate,) Exhaustion

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Laudenbach Cemetery

Date of Burial, Dec 17th 1879

C. C. McDowell *M. D.*
Medical Attendant.

Undertaker, John F Carlin

Place of Business, No Eutaw Ave

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1879 BALTIMORE

Date of Death, Dec 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wyeshaw

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 169 N. Fremont St.

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Dec 18th 1879

Undertaker, Jos. H. Coale

Place of Business, 1677 W Baltimore street

J. H. Keller M. D.
Medical Attendant.

Address, 89 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 13th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Illegitimate child of Henrietta Wilson and James Hammond Colored

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ Three (3) Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bells City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 58 N. Strieg St

Cause of Death, First, (Primary,) Premature Birth 7th month Convulsions during birth

Second, (Immediate,) Convulsions

Duration of last Sickness, Three Days (Convulsions)

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Dec 16th 1879

Undertaker, Abraham Hayman

Place of Business, No 13 Saratoga, st

J W Blunt M. D.
Medical Attendant.

Address, 607 E Eager st Corner Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36758

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC 17 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bianca N Walker

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 21 *Years,* 10 *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 330 Lanvale St

Cause of Death First, (Primary,)

Second, (Immediate,) Pulmonary consumption

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 18th 1879

Undertaker, John Maclean

Place of Business, Park & Fayett sts

J H Emmey *M. D.*
Medical Attendant.

Address, 76 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEC 17 1879

Date of Death, December 15. 1879

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Rees

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number} 618 S Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 17th 1879

Undertaker, John J Mackie

Place of Business, N 150 Camden

Theodore Lerch M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec^{r} 16Th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Michael Reul

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~about~~ 74 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, Cabinet Maker.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 27 years

Place of Death, {Give street and number} 69 Dorsey St.

Cause of Death First, (Primary,) Old age

Second, (Immediate,) Pneumonia

Duration of last Sickness, about 15 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Dec 17th

Undertaker, F. N. Ivell

Place of Business, #131 Hanover *Address,* Hanover & Barre sts

P. E. L. 22 M. D.

~~Medical Attendant.~~ Coroner's D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1879 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Heath

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Potter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S. A.

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number} No. 177 E. Pratt

Cause of Death { First, (Primary,) —
Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 18 1879

Undertaker, Elisha Cox

Place of Business, 5 & 6 Bank St

J. Ridgway Andre M. D.
Medical Attendant.

Address, No 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Keelan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House Builder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} 132 Fairmount Ave.

Cause of Death First, (Primary,) Senile Decay - Chronic Bronchitis

Second, (Immediate,) Asthenia

Duration of last Sickness, About Two (2) Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 18

Undertaker, [illegible]

Place of Business, [illegible]

J. L. Sutton M. D.
Medical Attendant.

Address, 1[illegible] E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Neville

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 43 Hillen St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 1½ months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 17 1879

Geo B Reynolds M. D.
Medical Attendant.

Undertaker, James A Byrne

Place of Business, 1163 N Front St *Address,* 43 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gardner.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 137 N. Eutaw St

Cause of Death, First, (Primary,) Gastritis.

Second, (Immediate,) Angina Pectoris.

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 18 1879

Edward R. McDurb M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front *Address,* 137 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36760 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Arnett

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 10 *Months,* ~~Days.~~

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 13 Mccubbin St

Cause of Death, {First (Primary,) Tuberculosis Pulmonum

{Second (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 18th 1879

Undertaker, Daniel Suter ~~& Co~~

Place of Business, 419 Fort Wayne Ave

A. Aronsohn M. D.
Medical Attendant.

Address 254 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Phillip Rheinhart

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 60 *Years,* 9 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } New York City

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, { Give street and number } 97 Elliott St

Cause of Death, First, (Primary,) Not Even Suspected to be Consumption

Second, (Immediate,) Gangrene produced by lying in the dejections

Duration of last Sickness, About a Month & Confined to the House

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 18

Undertaker, Fry & Zoll

Place of Business, 34 N Broadway

E. Jay Williams M. D.
Medical Attendant.

Address, 17 Patterson Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36762

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1879 BALTIMORE

Date of Death, December 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph. Holland

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* —— *Months,* —— *Days.*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 42 Dover St

Cause of Death { First, (Primary,) consumption
Second, (Immediate,)

Duration of last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Fundamental

Date of Burial, Dec 18 1879

Undertaker, Francis Koo

Place of Business, 102 Conway St

Chas F. Heuer M. D.
Medical Attendant.

Address, 68 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada L. Johns

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 3 Mos & 3 days

Place of Death, {Give street and number} 203 Wayne St

Cause of Death { First, (Primary,) Spasms

Second, (Immediate,) Unknown

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18/79

Undertaker, Hynes Bro's

Place of Business, 69 Calvert St

R. C. Lum M. D.
Medical Attendant.
Baltimore

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Office of Registrar of Vital Statistics

Permit No. 36764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1879 BALTIMORE

Date of Death, 14 December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Eddings

Sex, Male or Female, {cross out the word not required in this line.}

Age, 61 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Nail Manufacturer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 1141 W. Fayette St

Cause of Death {First, (Primary,) Paralysis of Brain

Second, (Immediate,) Three days

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 18. 1879

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Av.

W. R. McGraw M. D.
Medical Attendant.

Address, 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Washington

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~ Male

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 215 Hoffman St

Cause of Death First, (Primary,) Pendicitis

Second, (Immediate,) Anemia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, 17th Dec

Undertaker, Perkins & Kane

Place of Business, 130 Hanover

H. S. Bruce M. D.
Medical Attendant.

Address, 216 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McClain

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 75 Hillsboro Ave

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Dipsthesia

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Dec 17 1879

Undertaker, [illegible]

Place of Business, [illegible]

Reverend Lewis M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1879 BALTIMORE

Date of Death, Dec. 16. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gutkoff

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 208 S. Payson St

Cause of Death { First, (Primary,) Scarlet Fever
Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 18th of Dec. 1879

Undertaker, John T. Saulus

Place of Business, 66 Fred. St.

James Bosley M. D.
Medical Attendant.

Address, 319 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Manning

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number} 120 S Glen St

Cause of Death { First, (Primary,) ____ Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 18 1879

Undertaker, C F Kraus

Place of Business, ____

J Hennessy *M. D.*
Medical Attendant.

Address, 76 S Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 16 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Kilaheer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Basket maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 52 Hanover

Cause of Death {First, (Primary,) Typhoid Fever
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Dec 18th 1879

Undertaker, H. Schuelthes

Place of Business, Monument St

Oscar J. Cockey M. D.
Medical Attendant.

Address, 158 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 17 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Moore

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Norwood's Lane

Cause of Death, {First, (Primary,) Scarlatina.
Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Shaw's St Cemetery

Date of Burial, Dec 17 1879

Undertaker, John C. Jordan

Place of Business, Park ave *Address,* Comm of Health

~~Medical Attendant.~~ *M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 17th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie M Wise

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 77 Wyeth St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 19th

Undertaker, B Glover

Place of Business, 1133 E Lombard St

Jno D Blake M. D.
Medical Attendant.

Address, 133 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James K. Anderson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Blacksmith (Farmer)

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 133 German St

Cause of Death { First, (Primary,) Chronic Gastric Catarrh
Second, (Immediate,)

Duration of last Sickness, 5 Years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, December 19th 1879

Edw F. Lieholland M. D.
Medical Attendant.

Undertaker, John A. Weaver & Co.

Place of Business, #22 W. Fayette St

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decr 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Fridrich Powell

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* Eleven (11) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Canada

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 200 N. Dallas St

Cause of Death, First, (Primary,) Premature birth of 7th month

Second, (Immediate,) Convulsions

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 18th 1879

Undertaker, Adam Fink

Place of Business, 461 W. Fayette St

G. A. Selbert M. D.
Medical Attendant.

Address, Cor Eaver Ave & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Whittier

Sex, Male or Female, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 295 S. Charles St

Cause of Death First, (Primary,) Senility [illegible], Infirmity

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Co. Md

Date of Burial, Dec. 19th 1879

Undertaker, C. E. Krauch

Place of Business, Hanover St

P. L. Ellis M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1616 Hanover

ermit No. 36775

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 7 3/4 Oclock P M

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret. E. Chew.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carrollton Carroll Co Md

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number.} No 194 Lanvale St

Cause of Death, First (Primary,) Valvular Disease of heart causing

Second (Immediate,) Anasarca Asthenia

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md

Date of Burial, Dec 18 1879

Undertaker, C. H. Blizzard

Place of Business, Penn ave

T. Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Elizabeth Colegrove.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Sommerset Co. Md

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number} No 288 N. Durham St

Cause of Death, First, (Primary,)

Second, (Immediate,) Post Partum Hemorrhage

Duration of last Sickness, 2 weeks & 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemet

Date of Burial, December 18 79

G. G. Taylor M. D.
Medical Attendant.

Undertaker, Wm H. Heidkman

Place of Business, 1023 1/2 Gay

Address, 210 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Certificate No. 3677

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. Harvey

Sex, Male or Female, { Cross out the words not required in this line. } M

Age, 23 *Years,* ..... *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } S

Occupation, Book-Keeper

Birthplace, { State or country (and how long in United States, if of foreign birth.) } City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 142 N. Gilmor St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis

{ Second (Immediate,) .....

Duration of Last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Dec 18th 1879

Undertaker, Denny & Mitchell

Place of Business, 330 N. Fayette St

H. T. Reynolds M.D.
Medical Attendant.

Address, 186 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

mit No. 36778 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

Date of Death, Dec. 17th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Hom

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Months, Days.

Color, White *Sex,* Male.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 27 N. Green St city.

Duration of Residence in the City of Baltimore, life.

Place of Death, {Give street and number.} 27 N. Green St.

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,)

Duration of Last Sickness, 1 wk.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem Jas. McShane M. D.

Date of Burial, Dec 18th 1879 Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 221 N Eutaw St *Address* Fayette bet Paca & .

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 36779

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kitt Mary Dennis

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 126 Dolphin St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Compression on brain Hemorrhage

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Burn

Date of Burial, Dec 19th 1879

Edward P. Mendes M. D.
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address,* 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } [illegible]

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number } 98 Eastern Ave

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Pneumonia

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Home

Date of Burial, Decbr 19th 1879

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

[illegible] M.D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...ermit No. 36781

OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Edmund Fuller

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 18 Fifth Pine above Pratt

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,) .....

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 18th 1879

Undertaker, Geo Colburn

Place of Business, No 121 Pine Ave

F. L. Bevis *M. D.*
Medical Attendant.

Address, Fort Treadwell Virginia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 17 — 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ruan

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 40 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number} 16 Thames st.

Cause of Death First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 18 1879

Undertaker, James A Byrne

Place of Business, No 63 N Front St

D. Lee Jarvis M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...it of ... Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATI...

...mit No. 36783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael R. Somerlott

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, about 16 years

Place of Death, {Give street and number} North East Corner of Stricker & Mulberry sts

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial Dec 19

Undertaker, J B Cook

Place of Business, 107 West Baltimore *Address,*

D. P. Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STA...

...mit No. 36784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

Date of Death, 18th Dec 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Webster

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months,* ... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 70 Durst Alley

Cause of Death { First, (Primary,) Pneumonia (Typhoid)
Second, (Immediate,) ...

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Bethany Cem. Co.

Date of Burial, Dec. 20th 1879

Undertaker, C B Wheatley

Place of Business, 1911 E Balto St. *Address,* 57 Bank

H W Webster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...M, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Office of Registrar of Vital St...

Permit No. 36785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R Short

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 6 *Years,* 7 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Brunswick

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} No 60 S. Ann St

Cause of Death First, (Primary,) Heart disease Mitral ...

Second, (Immediate,) asphyxia

Duration of last Sickness, 14 years

All the above information should be furnished by the Physician.

Place of Burial, M E B. ground Fells Pt Rd

Date of Burial, Dec. 17. 1879

Jno. S. Leach M. D.
Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

Address, S. S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...mit No. 36786 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett. Cooper

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ~~[illegible]~~ 56 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot Co Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number.} 11 Little Rose St

Cause of Death, First (Primary,) Endocarditis

Second (Immediate,) Dropsy (General)

Duration of Last Sickness, 6 Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 18th

Undertaker, James Braselow

Place of Business, 21 Fondulally

Jno A. Gillis M.D.
Medical Attendant.

Address, 150 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Certificate No. 36787

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sarah Galbreath

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} No 177 Jefferson

Cause of Death, First (Primary,) Peritonitis

Second (Immediate,) Strangulated Hernia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 19th

Undertaker, W. W. Thuyer

Place of Business, 12 W. Balto St

C. J. Mahon M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate ...g forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ...ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 36788

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Meta. B. Oly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 19 S. Eutaw St

Cause of Death, First (Primary,) Phthisis (laryngeal)

Second (Immediate,) Exhaustion

Duration of Last Sickness, 21 months

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cem.

Date of Burial, Dec. 17th

G. Liebmann M. D.
Medical Attendant.

Undertaker, J. Miller

Place of Business, 36 N. Paca St.

Address 223 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

Permit No. 36789

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willy F. Ennels

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Three *Years,* Eight *Months,* Nine *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number} 213 S. Howard St

Cause of Death { First, (Primary,) Diphtheria complicated with Convulsions
, { Second, (Immediate,)

Duration of last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 18 1879

C. D. Lauer M. D.
Medical Attendant.

Undertaker, Jerome Rod

Place of Business, 1192 Eutaw *Address,* 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 36790 ~~36790~~ OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18, 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Israel Waters.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4. *Years,* *Months,* *Days.*

Color, C.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 218 N. Durham St.

Cause of Death, First (Primary,) Diphtheritis, Laryngitis.

Second (Immediate,)

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Loud Church

Date of Burial, Dec 19 th 1879

Undertaker, T. F. Locke

Place of Business, 73 Jefferson St

L. C. Gordon, *M. D.*
Medical Attendant.

Address 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 36791

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas W Alexander

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 116 N Chapel st

Cause of Death, First (Primary,) Chronic Croup or

Second (Immediate,) Pseudo membranous Croup

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Funnel Cemetery

Date of Burial, Dec 18th 1879

Undertaker, J J Locke

Place of Business, 73 Jefferson

John H Conner M. D.
Medical Attendant.

Address Hathaway st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nina Gärtner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 19 *Years,* 4 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} Debair St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 21st

C. L. McBuddenbrock M. D.
Medical Attendant.

Undertaker, John Teufel

Place of Business, 736 E. Baltimore St. *Address,* 166 S. Exeter.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36793

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Adam Mathews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~ ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Res 153 Columbia Av.

Cause of Death, {First (Primary,) ; Second (Immediate,)} Diphtheria

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, December 19. 1879

Pembroke W. Womble M. D.
Medical Attendant.

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Ave Address Res 263 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 36794

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Carrick

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Stone Mason

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 7 Whitlock st.

Cause of Death, First, (Primary,) Intemperance,

Second, (Immediate,) Probably Apoplexy, produced by drink, sudden death

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 18th 1879

Undertaker, P. Kummert

Place of Business, Mulberry st

Geo C Gyle Comm M. D.
Medical Attendant.

Address, 224 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Leach

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 53 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Born & Lived

Place of Death, { Give street and number } 89 N. Eutaw St

Cause of Death, { First, (Primary.) ____ Second, (Immediate,) Cyanosis

Duration of last Sickness, Short time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 19

Undertaker, Leach

Place of Business, Fayette between Eutaw & Howard

W R Dulaney M. D.
Medical Attendant.

Address, 89 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36796

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 16th '79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Elizabeth Lord

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 311 E. Pratt st.

Cause of Death, {First (Primary,) Consumption of Lungs
Second (Immediate,)

Duration of Last Sickness, Since April

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec. 19th '79

John F. Monnemin M. D.
Medical Attendant.

Undertaker, M. Franc

Place of Business, 280 Canton Ave

Address S.W. Calvert & Read sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 36797

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rebecca G. Gelston

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, W *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } .....

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 198 N. Hoffman

Cause of Death, { First (Primary,) Paraphremitis

Second (Immediate,) Syncope

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 19th Dec. 1879

Undertaker, H. W. Jenkins & Son

Place of Business, 96 Light St. *Address* 230 Linden Ave

J. R. Page M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...nit No. 36798 — Office of Registrar of Vital ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Parker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 2386 E. Chas

Cause of Death {First, (Primary,) Scarlatina

{Second, (Immediate,) Nephritis & Dropsy

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 19th

Undertaker, Henry Brice

Place of Business, Harrietta St 81

R. H. P. Elgin M. D.
Medical Attendant.

Address, 315 S. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36799

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bell Mullikin

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 635 N Fayette st,

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Paraplegia,

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Dec 19 th 1879

Undertaker, W. Gue & Bro

Place of Business, 561 Fayette St

Geo C Ogle M. D.
Medical Attendant.

Address, 229 Cary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Office of Registrar of Vital

Permit No. 36800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy E Taylor

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* Eleven *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 18 Lilly Pine Court

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,)

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Dec 19 1879

Undertaker, Wm J Gray

Place of Business, Smithsy

H S Bonis M. D.
Medical Attendant.

Address, Fort Avenue Fells

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36801.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella M. anderson.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number} 7 N. Dallas St.

Cause of Death, First, (Primary,) Trismus neonatorum.

Second, (Immediate,) asthenia.

Duration of last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery.

Date of Burial, 19th Dec 1879

Undertaker, Geo. C. Jones

Place of Business, 110 S. Bethel St.

B. F. Leonard M. D.
Medical Attendant.

Address, 26 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Over.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Dalrymple

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland (49 yrs

Duration of Residence in the City of Baltimore, 49 yrs

Place of Death, {Give street and number} St Josephs Hospital

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Asphyxia

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Dec. 19th 1879

Oscar J. Cleary M. D.
Medical Attendant.

Undertaker, Wm. H. Eichman

Place of Business, 234 N. Gay St *Address,* 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ity of Baltimore.

...mit No. 36803 OFFICE OF REGISTRAR OF VITAL STATI...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 18 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry August Humphreys

~~Sex,~~ *Male* ~~or Female,~~ {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, White

~~Married,~~ *Single,* *Widow or Widower,* {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balls

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number} 96 Mulberry St

Cause of Death, First, (Primary,) Malformation of Rectum

Second, (Immediate,) ____

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, Dec 19th 1879

Undertaker, Andrews & Sturges

Place of Business, 4 & 6 South Eutaw ave

R. McCashan M. D.
Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 36804

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hunter Hubert

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 16 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 232 S. Broadway

Cause of Death, First, (Primary,) Anginal membranacea

Second, (Immediate,) Suffocation

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cemetery

Date of Burial, December 19

Thos. M. D.
Medical Attendant.

Undertaker, Wankelden Dwyer

Place of Business, Bond & Lat[illegible] *Address,* 1402 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No: 36805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 19 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 17 - 12 noon 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anderson Chapman

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 68 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Mercher's

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Petersburg Va.

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, { Give street and number } 80 Stiles

Cause of Death, First, (Primary,) Heart disease - Valvular

Second, (Immediate,) .....

Duration of last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Woodlawn

Date of Burial, Dec 19-1879

Undertaker, W W Wadden

Place of Business, 280 Chew St

Lewis E. Linville M. D.
Medical Attendant.

Address, 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36806

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

Date of Death, Dec 18 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Wright

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 24 Chesnut St

Cause of Death { First, (Primary,) ... Second, (Immediate,) Consumption

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 19th 1879 ~~Laurel Cemetery~~

Undertaker, [illegible] Thompson

Place of Business, N. 13th ~~[illegible]~~ Saratoga St

J J Lowe M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36807

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

Date of Death, Dec 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delah Ridgley

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 2 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George Co Md

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number} 32 N. Fremont St

Cause of Death {First, (Primary,) Pulmonary Consumption
Second, (Immediate,) 2 years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harford Road B. Co

Date of Burial, Dec 20th 1879

Undertaker, John Macher

Place of Business, Park & Fayette Sts

J H Emmey M. D.
Medical Attendant.

Address, 76 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36808 — OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Lauf

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 145 Hamburg St

Cause of Death, First (Primary,) Scarlatina Maligna

Second (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 19

J. F. Wandle M. D.
Medical Attendant.

Undertaker, John Henning

Place of Business, 382 Orleans St *Address* 203 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Franklin Bentz

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, ____ *Years,* ____ *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widow or Widower~~

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bennett St near Wilson

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Bennett St near Wilson

Cause of Death, First, (Primary,) An Abscess

Second, (Immediate,) Exhaustion

Duration of last Sickness, Four or five Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Dec 21st 1879

E. Jones Wilson M. D.
Medical Attendant.

Undertaker, ____

Place of Business, ____ *Address,* 17 Valiant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 36810

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cecelia Steinmetz

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, white

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 194 Lexington str.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Diphtheria

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 20th 1879

Undertaker, A. Steinmaird

Place of Business, 32 N. Liberty St.

John J. Litzer M. D.
Medical Attendant.

Address, 160 Saratoga str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 36814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 19th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Heller

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* One *Months,* Seven *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 322 Ho...

Cause of Death, { First, (Primary,) Convulsions
Second, (Immediate,)

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 20th 1879

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St

Address,

_____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36812

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a[illegible] out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Edelman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Brick Layer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto-Do

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} 385 Hanford Ave

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) " With Paralysis of Heart

Duration of Last Sickness, half hour.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 21st

A. G. Watson M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address* 437 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 36813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mechael Phelan

Sex, Male or Female, { cross out the word not required in this line. } M

Age, 1 *Years,* 9 *Months,* 14 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 132 Bethel [illegible]

Cause of Death, First, (Primary,) Scarlatina & Diphtheria of

Second, (Immediate,) Nasal cavity & fauces

Duration of last Sickness, 7 days –

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Dec 20th

L. Gillespie, M. D.
Medical Attendant.

Undertaker, Eva Schilling

Place of Business, Ashland Square *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

rmit No. 36814

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara L Lower

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 24 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, her whole life

Place of Death, { Give street and number } 247 Fulton St

Cause of Death { First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Dec 21st 1879

Undertaker, H. Lewis & Chafer

Place of Business, 109 N Fremont *Address,* 1671 W Fayette

J. W. Crain *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

mit No. 36815 # 36815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perley W. Gilbert

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 4 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. County

Duration of Residence in the City of Baltimore, 2 years & 2 months

Place of Death, {Give street and number} 89 S. Fremont St.

Cause of Death First, (Primary,) Scarlatina & Malignant Fever

Second, (Immediate,) ~~Exhaustion from~~ Anaemia

Duration of last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 20th 1879

Undertaker, John Slocum

Place of Business, No 180 Lancaster

A. Wil Cottman M. D.
Medical Attendant.

Address, 335 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Scheeler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number}, 667 west Balto ~~667 Hanover~~

Cause of Death {First, (Primary,) Diphtheria with passive Congestion of bowels

Second, (Immediate,) One week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 21 1879

Undertaker, J Block

Place of Business, 707 W Balto St

D. P. Hoffman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36817

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wagenfeiner

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 57 *Years,* 5 *Months,* 10 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 134 Bond st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, December 21st 1879.

Undertaker, Leonhard Furr

Place of Business, S. Bonnstell st No 277.

Thomas J. Evans M.D.
Medical Attendant.

Address, 42 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 36818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

Date of Death, December 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Drake

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} W. 28 May st.

Cause of Death First, (Primary,) Compression of Brain, Compete

Second, (Immediate,) Paralisis of left side (Accident)

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Dcber 21st 1879

Undertaker, Wm. Elbaw

Place of Business, 101 Gough St

L C Fritzmetz M. D.
Medical Attendant.

Address, 12 S. Edw. st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

Date of Death, Dec. 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McGlinchy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty four *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oysterman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} "

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 14 Thames St.

Cause of Death, First (Primary,) Phthisis. Pulmy.

Second (Immediate,) Hemorrhage.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Dec 20th 1879

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

D. C. Deland M. D.
Medical Attendant.

Address Coroner E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Binz

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, 5 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Baker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and number } Saratoga N. No 443

Cause of Death, { First, (Primary,) Acute Tuberculosis / Second, (Immediate,) }

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, Dec 22nd 1879

Undertaker, Adam Weidemeyer

Place of Business, 543 W. Baltimore St.

J. H. R. Mello M. D.
Medical Attendant.

Address, Dr. Mello

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 36821

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of ~~this Certificate~~, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Handy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 17 *Months,* —— *Days.*

Color, Col'd *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Country

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} Raborg st - between Schroder & Republican

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Pyaemia appearing, 1845

Duration of Last Sickness, 5 days - (Once and then once)

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Dec 22 '1879

Undertaker, Jacob Davis

Place of Business, Lee St

E. H. Hocrook - M. D.
Medical Attendant.

Address Hom. Free Dispensary -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 "M" 18" 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Caroline Tyler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 49 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 29 N. Front St

Cause of Death, First, (Primary,) Spinal disease

Second, (Immediate,) ____

Duration of last Sickness, Upwards of 4 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'y

Date of Burial, 22nd inst Monday

W. Riley M. D.
Medical Attendant.

Undertaker, W. H. Heckman

Place of Business, No 234 N. Gay St. *Address,* 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 20 1879 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Emily Smith

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 81 Eighty one *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Fifty two years 52

Place of Death, {Give street and number} 8 Little Eutaw St

Cause of Death First, (Primary,) Dyspepsia

Second, (Immediate,)

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Dec 19 1879

George H. Watson M. D.
Medical Attendant.

Undertaker, Jas F. Byrne

Place of Business, 63 Fremont *Address,* 18 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. A. Fletcher

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} W. W. Castle Street

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Inanition

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 22 1879

Undertaker, A. Wayman

Place of Business, Saratoga St

James A Lewis M. D.

~~Health Commissioner.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36825

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC. 20. 1879 BALTIMORE

Date of Death, Dec. 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Waldo

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 277 Gough St.

Cause of Death {First, (Primary,) Pulmonalis

{Second, (Immediate,) Exhaustion from measles

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 21st 1879

Undertaker, Henry L. Mitchell

Place of Business, 668 Broadway

Geo. G. Keck *M. D.*
Medical Attendant.

Address, Balto. & Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36826

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. DEC. 20. 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Brandt Brannt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Glove maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number.} ~~Death~~ North Market NE 65.

Cause of Death, { First (Primary,) ..... Second (Immediate,) Marasmus senilis

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Dec. 21st

Fred. Hess, M. D.
Medical Attendant.

{ *Undertaker,* W. Diffel
{ *Place of Business,* 1. Bond st 151 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 20 1879
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jasper Eakins

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 7 *Months,* ~~—~~ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 7 McLean Ct

Cause of Death, First, (Primary,)

Second, (Immediate,) Heart Disease

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, Dec 22nd 1879

Silas M Hewitt M. D.
Medical Attendant.

Undertaker, John W. Locke

Place of Business, ~~—~~ Wolf St *Address,* 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Agnes Ballyn

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 Yrs *Years,* Five *Months,* Six *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 1 S. Paca St.

Cause of Death, First, (Primary.) I think she had Diphtheria Scarlet Fever
About 2 weeks previous to her last sickness. Dr. Hart called in her case
Second, (Immediate,) 2 days before death "Dropsy"

Duration of last Sickness, I believe about six days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, December 21st 20

Undertaker, Wm Gallagher

Place of Business, 227 Madison St

Address, 51 N. Gay St

[Signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36829

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pericilla Washington

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about thirty five *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Essex County Va

Duration of Residence in the City of Baltimore, about three years

Place of Death, {Give street and number.} 154 Raborg St

Cause of Death, {First (Primary,) / Second (Immediate,)} Consumption exhaustion

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp-st. Cemetery

Date of Burial, December 20 1879

Undertaker, Samuel H. Chaney

Place of Business, 198 E. Howard St

Wm J Cole M. D.
Medical Attendant.

Address 135 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Mc Cormick

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 7 *Years,* 11 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } No 299 Bank St

Cause of Death, { First, (Primary,) Congestion of Lungs
Second, (Immediate,) Fever 10 days

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Sepulchre Cemetery

Date of Burial, Dec. 21. 1879

Undertaker, M. A. Daigen

Place of Business, 74 S. Broadway

J. H. Miller, M. D.
Medical Attendant.

Address, 244

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 17th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Leary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 25 *Years,* 6 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 338 Eastern Ave

Cause of Death { First, (Primary,) Chronic Anaemia — Oedema of the Brain
Second, (Immediate,) Asthenia

Duration of last Sickness, About three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's cemetery

Date of Burial, Dec. 20 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

G. L. Wilkins M. D.
Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC. 20. 1879

CERTIFICATE OF DEATH.

Date of Death, December 17 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Columbus. Bristow

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and number} #5 Poultney St

Cause of Death, First, (Primary,) Infantile Pneumonia

Second, (Immediate,)

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Dec 21 79

G. B. Stall M. D.
Medical Attendant.

Undertaker, Jas. Lloyd Jones

Place of Business, 162 Eutaw St *Address,* 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Anton Schneider

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 16 *Months,* 4 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltd Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 36 Huron Alley

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis

Date of Burial, December 21 1879

Louis C. Hoor M. D.
Medical Attendant.

Undertaker, John P Pentz

Place of Business, 66 Frederick Ave *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 18th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Wallace

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 258 Montgomery St

Cause of Death, First, (Primary,) Shortness of Breath & palpitation

Second, (Immediate,) Heart disease (supposed

Duration of last Sickness, about one Month

All the above information should be furnished by the Physician.

Place of Burial, Shafer St Cemetery

Date of Burial, Dec 21st 1879

James A Lewis M. D.
Medical Coroner

Undertaker, W. M. Duncee

Place of Business, East St

Address, Comm of Health
H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

Date of Death, 20th. December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Adam Weber

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~____~~ *Years,* 9 *Months,* ~~____~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~____~~

Occupation, ~~____~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number} Bank Street Nos 162.

Cause of Death, First, (Primary.) Dentitis

Second, (Immediate.) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Dec 21st

Undertaker, H. Fockler

Place of Business, 246 Eastern Av

William Henkel M. D.
Medical Attendant.

Address, S Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36836

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 1879 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Linah M. Reekill

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 10 *Months,* 16 *Days.*

Color, White

Married, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent County Md

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number.} 463 W. Lombard

Cause of Death, {First (Primary.) / Second (Immediate,)} Bright's Disease of the Kidneys

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Monday 10 AM

Undertaker, J. B. Cook

Place of Business, 707 W Baltimore

Patrick M. Ward M. D.
Medical Attendant.

Address 463 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret J. Collins

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Druid St, 3 doors west of Eutaw St 0723

Cause of Death { First, (Primary,) Tuberculosis
Second, (Immediate,) Consumption of Lungs

Duration of last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, December 22.

Undertaker, Joseph F. Cook

Place of Business, 217 West Baltimore St

W. McHenry M. D.
Medical Attendant.

Address, 1 W. Lafayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Michael Mac

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Plumber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 28 yrs

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number} 439 W. Lombard St

Cause of Death First, (Primary,) Catarrhal Pulmonis

Second, (Immediate,) Asthenia

Duration of last Sickness, 4 yrs

All the above Information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial Dec 21st 1879

Undertaker, W B Cook

Place of Business, No 707 W Baltimore Street

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 36839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William J. Coo[illegible]

Sex, Male or Female, { cross out the word not required in this line. } Male -

Age, 33 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } Married -

Occupation, Butcher -

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life -

Place of Death, { Give street and number } 890 W Baltimore St

Cause of Death { First, (Primary,) Tuberculosis + Pyemia - / Second, (Immediate,) Exhaustion -

Duration of last Sickness, One year -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 21/79

Undertaker, Denny & Mitchell

Place of Business, 2500 Fayette St

M Regnier M. D.
Medical Attendant.

Address, N W Cor Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 29 BALTIMORE

Permit No. 36840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hachi

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lamaveich (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, December 22 1879

Undertaker, Henry Skeltheis

Place of Business,

Jm. Brooke Boyle *M. D.*
Medical Attendant.

Address, 166 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1879 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Dec 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amy Felton

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt^e

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 13 Jordan Alley

Cause of Death { First, (Primary,) Tubercular Meningitis
Second, (Immediate,) .....

Duration of last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 21st 1879

Undertaker, Chas T. Semmes

Place of Business, 27 W. Eutaw

H. Winslow M. D.
Medical Attendant.

Address, 20 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH DEC 20 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20/79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Not known~~ Carrie Decker

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* Seven *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 17 Carlton St.

Cause of Death, First, (Primary,) Artificial Feeding by attending Midwife

Second, (Immediate,) Convulsions from inflammation of Stomach and Intestines

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Shars St Cemetery

Date of Burial, December 21 - 1879

Thomas Opie M. D.
Medical Attendant.

Undertaker, Samuel V. Shue

Place of Business, 198 E. Howard St *Address,* 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* , to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Delano Lassen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Penna Av Stolen Penna Av.

Cause of Death First, (Primary,) Scarlatina maligna

Second, (Immediate,) Laryngitis (Asphyxia)

Duration of last Sickness, 4½ days.

All the above information should be furnished by the Physician.

Place of Burial, Lovendes Park Cemetry

Date of Burial, Dec 22

Undertaker, J H Cook

Place of Business, 70 West Pattens

Dr. S. Hammond / Mifflin M. D.
Medical Attendant.

Address, 64 N. Penna Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law;

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday Dec - 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelm Malakowski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, about 46 Years, — Months, — Days.

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Fireman on Coal Ship

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. All My Life

Place of Death, {Give street and number.} Church Home Infirmary 17 Broadway

Cause of Death, First (Primary) Compression Commenced Three Days Left Thigh

Second (Immediate,) Pyaemia

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Mt. Carmel Cem.

Date of Burial, Dec. 21, 1899

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

H. H. Carter M. D.
Medical Attendant.

Address Church Home 5th & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#36845

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE DEC 21 1879

CERTIFICATE OF DEATH.

Date of Death, December 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Riddell

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 13 yrs.

Place of Death, {Give street and number.} 16 Ensor St

Cause of Death, {First (Primary,) Ovarian tumor} {Second (Immediate,) Exhaustion}

Duration of Last Sickness, Many years

All the above information should be furnished by the Physician.

I have seen this patient but once during the past year or more and that several months ago. I believe the foregoing to be correct however.

D. E. Atkinson M. D. Medical Attendant.

Address 223 Madison Ave

Place of Burial, Mt. Olivet Cem

Date of Burial, Dec 21st. 1879

Undertaker, C. H. Blizzard

Place of Business, 122 Penn'a Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 19th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard T. Blendale

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 7 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 203 Johnson Ste.

Cause of Death First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Dec 22 79

Undertaker, Armstrong & Denny

Place of Business, Cor Light & Montgomery

D. O Harrington M. D.
Medical Attendant.

Address, 321 Light Ste.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22, 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Samuel Reuben~~ Dec 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Reuben

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~7~~ *Years,* Six *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ×

Occupation, ×

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 511 W Balto Street

Cause of Death First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Dec 22 1879

Undertaker, Wm. Eilau

Place of Business, 101 Gaught St *Address,* 88 N Eutaw Street

A Freedenwald *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36848

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jessie Sipple

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 6 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 133. Elliott St. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 133. Elliott St.

Cause of Death, First (Primary,) Diphtheritic Croup.

Second (Immediate,) "

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemitery

Date of Burial,

Undertaker, Fry & Bro.

Place of Business, Fayette & Broadway

J. H. Martin M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21st December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Ott

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Year*, — *Months*, — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number} S. Ann street 221

Cause of Death, First, (Primary,) —

Second, (Immediate,) Croup

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Bethlehem Cem.

Date of Burial, December 22nd 1879

Undertaker, H. H. Gilmore

Place of Business, [illegible]

William Hunter C. M. D.
Medical Attendant.

Address, E. Baltimore 11th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Newton Maxwell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Twelve *Years,* Eleven *Months,* ~~one~~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 310 ~~S~~ E. Jay St.

Cause of Death, First, (Primary,) Supposed to be hereditary

Second, (Immediate,) Consumption

Duration of last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 22nd 79

Undertaker, George Schilling

Place of Business, 25 E. Lanvale

Milton E. Taylor M. D.
Medical Attendant.

Address, Broadway & Eldon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura Eugenia Hubbard

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* Eleven *Months,* Two *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death, { First, (Primary,) / Second, (Immediate,) Scarlatina

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Dec 22nd 79

Undertaker, George Chillcis

Place of Business, 45 Hillard Square

_____ *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No: 36852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Bram

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 154 Henrietta St.

Cause of Death, First, (Primary,) Acute Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 22 d

R. M. Hall M. D.

Medical Attendant.

Undertaker, Henry Barile

Place of Business, Henrietta St 81

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Volentine

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 251 Alice Anna St.

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 22

Undertaker, [illegible]

Place of Business, [illegible]

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. [illegible]

The Physician who attended [illegible] in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other [illegible] superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so [illegible] of law.

No [illegible] CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha & Wm Wooden {Parents?}

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, [illegible] *Years,* *Months,* 6 hours ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 419 N Gay St

Cause of Death { First, (Primary,) not known
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 22nd 1879

Undertaker, Wm Frey & Bro

Place of Business, Broadway

R Hall Cullen M. D.
Medical Attendant.

Address, 174 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 36855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

Date of Death, 19th Dec 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Turner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 86 *Years,* ..... *Months,* ..... *Days.*

Color, W.

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 92 William

Cause of Death { First, (Primary,) Senile Decay
Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 22nd 1879

H W Webster M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light st *Address,* 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Boston

Sex, Male or Female, { cross out the word not required in this line. }

Age, 83 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Has always lived in Balt

Place of Death, { Give street and number } 5-9 Chestnut Alley

Cause of Death, { First, (Primary,) Old age

Second, (Immediate,) Cerebral Apoplexy

Duration of last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 22 1879

Undertaker, John C. Jacobs

Place of Business, 1263 Park Ave

J. M. Sutton M. D.
Medical Attendant.

Address, 192 Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Doyle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, [redacted] {Cross out the word not required in this line.}

Occupation, [redacted]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 61 Buren St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) acute Phthisis, Pulmonalis

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 22nd 1879

Geo B. Reynolds M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front *Address,* 43 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36858

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

Date of Death, December 20, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Taylor

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* Eleven *Months,* Twenty Five *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 481 E. Chase St

Cause of Death, First, (Primary.)

Second, (Immediate,) Marasmus

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, DEC 24/79

Undertaker, Fry & Bro

Place of Business, 54 N Broadway

Wm H Chundren M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36859

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 20 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard C. Clark

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 302 W. Eager St

Cause of Death, First (Primary,) Purpura Hemorrhagica.

Second (Immediate,) Sepsis

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 23rd Dec. 1879

W. T. Howard M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son *Address* 181 Madison Av

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 36860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Mc Roberts

Sex, Male or ~~Female~~, {cross out the ~~word not~~ required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Can Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 7 N Eldery St

Cause of Death- First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 23 1879

Undertaker, Jas H Loane

Place of Business, Fremont Balto St

L W Hoch M. D.
Medical Attendant.

Address, 70 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 36861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 22 1879 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, December 20th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Herman Von Grunkor

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number} # 179 S. Ann St.

Cause of Death, First, (Primary,) Insanity.

Second, (Immediate,) ____

Duration of last Sickness, 7 months.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec. 22nd 1879 John A. Rehburgen M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 250 & 252 Canton Avenue *Address,* # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 3662 ~~3662~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1879 BALTIMORE

Date of Death, Dec^m 20th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia McTaggart

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Thirty six *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 366 E. Pratt St

Cause of Death, { First (Primary,) Heart Disease. / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 22 1879

Undertaker, Chas T Scriven

Place of Business, 211 N Eutaw St

H. C. Boland M. D.
Medical Attendant.

Address Coroner E. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED UNLESS AT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Mitchell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 17 Hull Lane

Cause of Death {First, (Primary,)} Cerebral Hemorrhage

{Second, (Immediate,)} Paralysis

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Dec 21st 1879

Undertaker, Wm N. Dunger

Place of Business, No 62 East St

G. Lawrence Rue M. D.
Medical Attendant.

Address, Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustav Grauer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 19 *Years,* 4 *Months,* 11 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the word not required in this line.}

Occupation, Seam Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 56 Oregon st.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Tomorrow 2 Oclock P.M. 23d Dr. L. Buddenbohn M. D.

Medical Attendant.

Undertaker, H. Muller

Place of Business, 21 Harrison St. *Address,* 166 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } not named Annie & Alfred Banks (Parents

Sex, Male or Female, { cross out the word not required in this line. } male

Age, one hour *Years,* ..... *Months,* ..... *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 42 Wheeler st, above Mosher

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Unknown, infant

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W. Publics cem

Date of Burial, Dec 24th 1879

Geo C Wyle Coroner M. D.
Medical Attendant.

Undertaker, F. A. Kirchner

Place of Business, S. Carroll cor Bar *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E. Schimpf

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 195 Lee St.

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Debility.

Duration of last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 23d 1879

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St. *Address,* 152 Shark, St.

R. J. N. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 20: 5 30 P. M. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lavinia Kline

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XXX

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 114 S. Dallas Street

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate.) ____

Duration of last Sickness, One Week. Have you assigned the proper and true cause for death?

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Dec. 23. 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Edmd C. Donnelly M. D.
Medical Attendant.

Address, 29 E. Belle. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36868 ~~36868~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec'r 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Oneil

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 129 McCulloh

Cause of Death, {First (Primary,) Apoplexy / Second (Immediate,) do}

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Dec. 23rd 1879

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

Dr Casey Thomas M. D. Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 December 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche Gray

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, { Give street and number } St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 22. 1879

Mathew Brewer *M. D.*
Medical Attendant.

Undertaker, Jno. Bramigan

Place of Business, 156 Division St.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* About 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Institution 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) asthenia

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 22. 1879

Undertaker, Jos. Brannigan

Place of Business, 156 Division St.

Anthony Bowen M. D.
Medical Attendant.

Address, C & McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36871

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 21 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Lockman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 93 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 93 Lee St.

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Idiopathic Peritonitis

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Dec 23 1879

E. M. Hall *M. D.*

Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 1 1/2 Howard

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 21st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles J Powell

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, four *Years,* Six *Months,* Three *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number } 522 E. Howard St

Cause of Death { First, (Primary,) Diphtheria and Stomatitis / Second, (Immediate,) Inanition

Duration of last Sickness, four Days

All the above information should be furnished by the Physician.

J. L. Dyer M. D.
Medical Attendant.

Place of Burial, Mt Carmel

Date of Burial, Dec 23 1879

Undertaker, J W Chase

Place of Business, No 195 Forrest *Address,* 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alberta Webster

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* Six — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Home

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 36 Short St

Cause of Death, First, (Primary,) Acute Bronchitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Shanr Hill Cemetery

Date of Burial, Dec 22

Undertaker, Graham Layman

Place of Business, 18 Scott St

Abigail Kinsey M. D.
Medical Attendant.

Address, 116 E Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

Date of Death, Dec 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 6 *Years,* 9 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Schoolboy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Texas Balto Co

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 16 Fells St

Cause of Death, First, (Primary,) Mitral Regurgitation.

Second, (Immediate,) Dyspnoea

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Texas Balto Co Md

Date of Burial, Dec 23 1879

Undertaker, Jas P. Bryan

Place of Business, Front St

Wm R Howard M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Baby Lee

Sex, Male or Female, {cross out the word not required in this line.}

Age, 0 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 1 year

Place of Death, {Give street and number} 53 Union Ave

Cause of Death, First, (Primary.)

Second, (Immediate,) Asphyxia

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 22nd 1879

Undertaker, Wm N. Dunger

Place of Business, No 62 East 25

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 21st

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Robinson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Three *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number} 3 Plum alley

Cause of Death { First, (Primary,) Cerebral Congestion
Second, (Immediate,) Convulsions

Duration of last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 23 1879

Undertaker, Reynolds Ross

Place of Business, No 96 Conway st *Address,* 146 Hill st

J. D. Dyer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of [illegible]

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 36877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 22. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd B Hasson

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* 11 *Months,* 24 *Days.*

Color, wht

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 84 Ford St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 24th 1879

Undertaker, Chas T Scriven

Place of Business, 2 W Eutaw St

G Jane Tunyhill M. D.
Medical Attendant.

Address, 129 ~~1~~ Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 21 "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Stewart

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 3 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 166 Hoffman St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Debilitis

Duration of last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 23 1879

W H Antisell M. D.
Medical Attendant.

Undertaker, David Stafford

Place of Business, 4 Jordan alley *Address,* 192 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36879

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 23
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decr 23, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theadore Casparie

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Optician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 14 N. Eutaw St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 25

Undertaker, E B Cook

Place of Business, 767 W Baltimore St

J Shelton Hill M. D.
Medical Attendant.

Address, 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia & Edward Weitscher (Parents)

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 448 W. Lombard St

Cause of Death, First, (Primary,) Premature Birth.

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 23 1879

James A Clemens M. D.
~~Medical Attendant~~

Undertaker, I. B. Cooke

Place of Business, Balto St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 36881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Walker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 86 *Years,* 4 *Months,* ——— *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 62 South Green st

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 25th 1879

Undertaker, Thos S Thacher

Place of Business, Near Camden

J H Emmey M. D.
Medical Attendant.

Address, 76 Paca st

Extract from Regulations of the ~~Board of Health~~ to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Weller

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 48 *Years,* 7 *Months,* 11 *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} No 217 Hamburg St

Cause of Death, First, (Primary,) Pleurisy.

Second, (Immediate,) Thrombosis of cerebral vein. (probable)

Duration of last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudern Park Cemetery,

Date of Burial, Dec 24th 1879.

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Conway, *Address,* 165 W. Lombard St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36883.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE REGISTRY DEC 1879

CERTIFICATE OF DEATH.

Date of Death, December 23/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph B. Thomas Sr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 72 *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Orleans La

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, {Give street And number} 518 W. Fayette St

Cause of Death, {First, (Primary,) Senility Nervous Prostration

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, December 24th 1879

E. C. McKenny M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Address, 642 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 21 st 1896

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester. Handy.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 8 *Years,* 1 *Months,* ——— *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 237 Cross Stt

Cause of Death { First, (Primary,) Typho-Malarial Fever.
Second, (Immediate,) }

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, December 24

Undertaker, Kennedy & Boss

Place of Business, 1400 Way St

D. O'Harrington M. D.
Medical Attendant.

Address, 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 21st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 16 Cedar Row

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, Dec. 23. 1879

Undertaker, John C. Jones

Place of Business, 182 W. Pratt

John L Pennington M. D.
Medical Attendant.

Address 98 N. Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1879

CERTIFICATE OF DEATH.

Date of Death, Dec 24" 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia & S. B. Williams (twin) (Parents

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balle City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 236 Vine St

Cause of Death, First, (Primary,)

Second, (Immediate,) Insanitation

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24" 1879

John H. Adams M. D.
Medical Attendant

Undertaker, C. W. M. Bruce

Place of Business, East St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by C. Weinmann M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ATISTICS.

Permit No. 36887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Homer Green.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 463 E. Eager St

Cause of Death, {First (Primary,) Bronchitis. Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 24/79

Undertaker, Fry & Lio

Place of Business, 97½ Broadway

L. C. Gordon *M. D.*
Medical Attendant.

Address 311 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT DEC 23 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23rd 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm A Boyd Orphan

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, One *Years,* Eleven *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 584 W Lombard St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Phthisis

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 24

Undertaker, J P Cook

Place of Business, 702 West Baltimore

J. [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Winks Jr.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 89 S. Washington St

Cause of Death { First, (Primary,) Cold
Second, (Immediate,) Consumption,

Duration of last Sickness, Two years,

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, December 26th 1879

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ermance Dena Lang

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 576 W. Baltimore St.

Cause of Death { First, (Primary,) Grand Erysipelas. Phlegmonous -
Second, (Immediate,) Blood Poisoning, Thrombosis etc

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Dec 26th 1879

R. Reuter M. D.
Medical Attendant.

Undertaker, Wm Eden

Place of Business, 167 Gough St *Address,* 167 Gough St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles I Spence

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 84 Darren st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 296 South Eutaw st

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24th 1879

Undertaker, Owens & Whiting

Place of Business, S. Eutaw *Address,* 26 South Eutaw st

J J Pue M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kuenne,

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 235 Light St

Cause of Death { First, (Primary,) Tedious Labour-instrumental delivery.
Second, (Immediate,) Pyæmia

Duration of last Sickness, 27 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Dec 25th

John Morris *M. D.*
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light st *Address,* ev No. 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23rd, 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Busch

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 2 Mos. *Years,* — *Months,* 4 *Days* 21

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} S. E. Cor. Somerset & St. James St.

Cause of Death, {First, (Primary.) Typhoid Malarial Fever
Second, (Immediate.)

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 25 Dec 2 Oclock P.M. H. Clendinen M. D.
Medical Attendant.

Undertaker, George C. Rodenmayer

Place of Business, 28 Eastern Ave. *Address,* No. 1022 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36894

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W Bailey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 137 Cross St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) ~~Pneumonia~~ Hepatization

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Bo Mo Cem

Date of Burial, Dec 26 1879

Theodore Cotta M. D.
Medical Attendant.

Undertaker, Hunter Bros

Place of Business, 263 Light *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 48.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1879 REGISTRAR'S DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie E. Younger

Sex, Male or Female, { cross out the word not required in this line. }

Age, 9 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 10 S. Carrollton Ave

Cause of Death, First, (Primary,) Hypertrophy & Valvular Disease of Heart

Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 24th 1879

John Neff M. D.
Medical Attendant.

Undertaker, Jas H. Lowe

Place of Business, Cor Fremont & Baltimore sts *Address,* 538 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 20th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Wm Pearson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 6 *Years,* 1 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, 6 . 1 . 16.

Place of Death, {Give street and number.} 57 Hamburg St.

Cause of Death, {First (Primary,) Second (Immediate,)} Scarlet Fever 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Accomac Co Va

Date of Burial, Dec 24th /79

Undertaker, Chas Young & Bro

Place of Business, Light & Montgomery Sts

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec^r 22 and 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Albert Von Dorkenhausen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, About 28 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Gentleman Traveler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Camden Station B. & O. R.R.

Cause of Death {First, (Primary,) Injuries received in Ellicotts city,} Accidentally Run over & Killed, Skull fractured

{Second, (Immediate,)} & Limbs Broken

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec^r 24th 1879

Undertaker, John Slacher

Place of Business, No 150 Saratoga St

R. C. Lee M. D.

~~Medical Attendant.~~ Coroner's P.D.

Residence, Unknown

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 Dec.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jinni Williams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balts

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} No 7 Edmund Alley.

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, ~~3 weeks~~ 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Dec 23 79

Undertaker, Reddin Bro

Place of Business, No 9 Eutaw St

G. S. Rinnman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Reynolds

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Four *Years,* Six *Months,* Fourteen *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 30 Warner St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 25th

Undertaker, Wm. J. McKew

Place of Business, 65 S. Eutaw

J. Tyler Smith M. D.
Medical Attendant.

Address, 231 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36900

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 23rd. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant named Sarah Franklin

Sex, Male or Female, { Cross out the word not required in this line. } Name of Father Robt Franklin

Age, ____ *Years,* ____ *Months,* Twelve *Days.*

Color, Mulatto *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No. 52 Little Monument St.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 52 Monument St.

Cause of Death, { First (Primary,) Uterus Neoratonum

Second (Immediate,) ____

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Dec 24th 1879

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St

G. K. Merrick M. D.

Medical Attendant.

Address 131 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 22/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Roach

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, about 35 *Years,* ..... *Months,* ..... *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 113 Chestnut Alley

Cause of Death, {First (Primary,) Carcinus of the Uterus

Second (Immediate,) Cancer

Duration of Last Sickness, Been sick for about two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial Dec 24th 1879

Undertaker, Wm James Son

Place of Business, 65 Mulberry St.

H K Fotterhoff M.D.
Medical Attendant.

Address, 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 22nd 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles. M. Fuld.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 157 Orleans

Cause of Death First, (Primary,)

Second, (Immediate,) Croup.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 25th 1879

Undertaker, Fry & Bro

Place of Business, Broadway

J. H. Grove M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Lynch

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 36 years

Place of Death, {Give street and number} 145 S. Chesapeake St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec. 25th 1879

E. Jones Veasey M. D.
Medical Attendant.

Undertaker, H. Sanders

Place of Business, 252 Canton Ave

Address, 17 Belvedere St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 369014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 24 1879

Date of Death, Dec 23: 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E Roffenburger

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 18 *Years,* 11 *Months,* 24 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 129 N Fremont St

Cause of Death { First, (Primary,) Pulmonary Consumption

Second, (Immediate,) 1 Year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Dec 26th 1879

Undertaker, Fowler Brothers

Place of Business, 109 N Fremont St

J H Mooney M. D.
Medical Attendant.

Address, 76 Mc St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1879 BALTIMORE

Date of Death, Dec 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Peters

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 5 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. Washington Ave

Cause of Death First, (Primary,) Pertussis

Second, (Immediate,) Asthenia

Duration of last Sickness, Two (2) Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Dec. 26th 79

E. L. Nitsche M. D.
Medical Attendant.

Undertaker, Wm. Franck

Place of Business, 280 Canton Ave *Address,* 19 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie E. Dunding

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 Years, 3 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 468 E. Light St

Cause of Death, First, (Primary,) Anemia

Second, (Immediate,) Bronchitis

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec 26 1879

Undertaker, Bunting & Denny

Place of Business, Light & Montgomery

[illegible] M. D.
Medical Attendant.

Address, 146 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1879 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H Brown

~~Sex~~, *Male or* ~~*Female*~~, { cross out the word not required in this line. } Male

Age, 48 *Years,* ..... *Months,* ..... *Days.*

Color, B

Married, ~~*Single, Widow or Widower*~~, { Cross out the word not required in this line. } .....

Occupation, Oyster & Lunches

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number } 57 N Castle St

Cause of Death, First, (Primary,) Hemorrhage

Second, (Immediate,) Asthma

Duration of last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Louis

Date of Burial, Dec 25 1879

Undertaker, J D Locke

Place of Business, ...

John A Clemm M. D.
~~Medical Attendant.~~
Registrar

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Emanuel Weinman

[OVER.]

Permit No. 86908

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Dorsey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 40 Brune st

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,)

Duration of last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 26th

Undertaker, C. Schultheis

Place of Business, 157 E Mulberry St, *Address,*

J J Knight *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decbr 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thompson Gover Perine

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 4 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 711 W Balto st

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetery

Date of Burial, Dec 25th 1879

E Goverlox M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore st Balto Md. *Address* 289 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Cunningham

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 4 *Years,* 9 *Months,* 11 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 39 S Strickert St

Cause of Death, {First (Primary,) / Second (Immediate,)} Pneumonia, 7 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 26th 1879

Undertaker, Jos. R. Cook

Place of Business, No 707 W Baltimore Street

John L. A. Knox M.D.
Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 36911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Gorsuch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 444, Mulberry Street

Cause of Death, First (Primary,) Old age

Second (Immediate,) Paralysis

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Dec 26th 1879

Undertaker, Jos H Cook

Place of Business, No 707 N Baltimore street

Horace Wiener M. D.
Medical Attendant.

Address 319, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36512

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Riddel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* 1 *Months,* 3 *Days.*

Color, W

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 26 y.

Duration of Residence in the City of Baltimore, 26 y

Place of Death, {Give street and number} 105 Leadenhall St

Cause of Death, {First, (Primary,) Paralysis

{Second, (Immediate,)

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Dec 26th 1879

Undertaker, Julius Koelker

Place of Business, Sharp & Lees *Address,*

L Luckett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 25 1879 BALTIMORE

Date of Death, Dec 23d 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Brooke

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 75 *Years,* 3 *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number} — Hughes St. near Charles

Cause of Death { First, (Primary,) — Second, (Immediate,) Old age

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 25 1879

Undertaker, C H Chase

Place of Business, No 198 E Howard

R. C. Lee M. D.
Medical Attendant,
Coroner, B. C.

M. W. cor Hanover & Barre Sts

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 22nd 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Hamod

Sex, Male or Female, { cross out the word not required in this line. }

Age, about 54 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Drayman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 910 Orford st

Cause of Death { First, (Primary,) Second, (Immediate,) } Cancer of the Prostate Gland about 1 year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 24 1879

Undertaker, J H Chase

Place of Business, 198 Howard st

R. Winslow M. D.
Medical Attendant.

Address, 201 W Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 23 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Louisa Elizabeth Parker

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* Five *Days.*

Color, Colored *Sex,* female.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 52 Woodyear St.

Cause of Death, { First (Primary,) Bronchonia

Second (Immediate,) "

Duration of Last Sickness, one week,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Dec 25 1879

{ *Undertaker,* A. H. Chase

{ *Place of Business,* No 178 Howard st

J. R. Jordan M. D.
Medical Attendant.

Address 632 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24. 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Oliver

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 10 *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 151 Pierce

Cause of Death, {First, (Primary,) Prostration

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 25th of December

Louis L. Horn M. D.
Medical Attendant.

Undertaker, P. Kimmert

Place of Business, 317 Mulberry

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

Date of Death, Dec 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Mar[illegible]

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 2 *Years.* 6 *Months,* 5 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. York

Duration of Residence in the City of Baltimore, 2 years 6 months

Place of Death, {Give street and number} 13 E Johnson

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Pulmonary Congestion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery.

Date of Burial, Dec. 26th

Undertaker, B. Hanly

Place of Business, 41 Light St.

M. D.
Medical Attendant.

Address, 310 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wesley Webb

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number } 406 McHenry St

Cause of Death { First, (Primary,) Typhoid Pneumonia / Second, (Immediate,) }

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, Dec 26 1879

Undertaker, Geo M. Alring

Place of Business, McHenry St *Address,* 319 Hallins St

Jas Dulany *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36919 # 36919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph B. Lardusky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~About~~ 33 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Single

Occupation, Paper Hanger

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Pr. George County, Md

Duration of Residence in the City of Baltimore, About 35 yrs

Place of Death, {Give street and number.} No. 91 South Belmor St.

Cause of Death, {First (Primary,) Rheumatic Fever / Second (Immediate,) Pericarditis, — Asthenia

Duration of Last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 27 1879

Undertaker, Jos. B. Cook

Place of Business, No 707 W Baltimore St

J. Ridgely Hammond M. D.
Medical Attendant.

Address N. E. Cor Edmond & Collins Sts. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 36920

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Roach

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.} Female

Age, Twenty Four *Years,* X *Months,* X *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Teamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Twenty four years

Place of Death, {Give street and number} # 14 Low

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Dec. 26th 1879

Undertaker, James L. Byrne

Place of Business, No 63 N. Front

A. Hartman, M. D.
Medical Attendant.

Address 305 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Mullin

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.}

Age, 74 *Years,* 6 *Months,* — *Days.*

Color,

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York County Penn.

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, {Give street and number} 77 McCulloughs st

Cause of Death {First, (Primary,) / Second, (Immediate,)} Senile Catarrh

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, Dec 27th 79

Undertaker, Thos J Hughes

Place of Business, 11 & Balto *Address,* 134 N High st

J. T. Cogan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Squirrell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 46 Hanover alley

Cause of Death, First, (Primary.) Caries of Spine & Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery, Geo D Reynolds M. D.

Medical Attendant.

Date of Burial, Dec 26th 1879

Undertaker, Abraham Wyman

Place of Business, 813 Saratoga st. *Address,* 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[0742.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Young Jr.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 10 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 26 Potomac St - Canton

Cause of Death, First, (Primary,) Glioma

Second, (Immediate,) Asthenia

Duration of last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Dec 27 1879

B. Leonard *M. D.*
Medical Attendant.

Undertaker, H. M. Gluckey

Place of Business, —

Address, 26 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th Dec 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilian Hillman

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 21 *Months,* ..... *Days.*

Color, white *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 160 Eager St

Cause of Death, First (Primary,) Diphtheria Croup

Second (Immediate,) .....

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery A. S. Mackenzie M. D.

Date of Burial, Dec 27th Medical Attendant.

Undertaker, H. C. Wiedefeld *Address* .....

Place of Business, 90 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lee Carol Hillman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Eager St near 160

Cause of Death, First (Primary,) Def Thrombus Croup

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery W J Mahon M. D.

Medical Attendant.

Date of Burial, Dec 27th

Undertaker, H. C. Wiedefeld *Address*

Place of Business, 90 Greenmount av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36926.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elanora Beatrice Harry

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Twenty *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number} No 20 Hillen

Cause of Death {First, (Primary,)} Phthisis

{Second, (Immediate,)} Pleuro Pneumonia

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec 26th 1879

Undertaker, Jas L Bryan

Place of Business, 63 W Front *Address,* 133 W Fayette St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY REGISTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter McMorlin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 216 Gateway Avenue

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) acute Bright's disease of Kidneys

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 26th 1879

Thos. Ford. M. D.
Medical Attendant.

Undertaker, Jos. F. Byrnes

Place of Business, Liberty St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decbr 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Mariamed Johnson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* Four (4) *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Richmond Va

Duration of Residence in the City of Baltimore, Ever since

Place of Death, { Give street and number } 349 N Dallas St

Cause of Death, { First, (Primary,) Marasmus / Second, (Immediate,) Eclampsia

Duration of last Sickness, Cannot say Dr first saw July

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus Cemetery

Date of Burial, 26 December

Undertaker, Adam Fink

Place of Business, 461 N Gay St

Wm R Blum M. D.
Medical Attendant.

Address, Cor Caroline & Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 24. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Mills

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Worcester Co. Md.

Duration of Residence in the City of Baltimore, Twenty two years

Place of Death, { Give street and number } 61 S. Eden Alley

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Exhaustion
Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Dec 26 1879

Undertaker, Thos. J. Lee

Place of Business, 71 Eastern Ave

G. Glanville McKee M. D.
Medical Attendant.

Address, Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...ician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ... the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ... he cause and date of death, except in cases of births and deaths of illegitimate children.

... PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Campbell Kerr

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, Two *Years,* Eight *Months,* 28 days *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} #295 N. Carolina St

Cause of Death, First, (Primary,) Dr. Arthritis

Second, (Immediate,) Paralysis

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 27th/79

Undertaker, Geo Schilling

Place of Business,

A. H. Thomas M. D.
Medical Attendant.

Address, #305 N Carolina St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 42.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Dec. 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward F. McCubbin

Sex, Male or Female, {cross out the word not required in this line.} Boy

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 522 Aisquith St.

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem'ty

Date of Burial, Dec 26th/79

Undertaker, Geo Schilling

Place of Business, ____

Wilmer Brinton M. D.
Medical Attendant.

Address, 25 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Deceased on 24 Dec 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Anderson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ~~X~~ 196 Dec St.

Place of Death, {Give street and number} [illegible]

Cause of Death { First, (Primary,) [illegible] / Second, (Immediate,) Premature Delivery

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Calvary Cemetery

Date of Burial, Dec 25 1879

Undertaker, ~~X~~ Gilbert

Place of Business, No 199 Berwick

J. P. Norris M. D.
Medical Attendant,

Address, 380 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25/79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane P. McGuirk

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, {Give street and number} 112 Hollins St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Valvular disease of the Heart.

Duration of last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery H. L. Spencer M. D.

Date of Burial, Dec 27th 1879 Medical Attendant.

Undertaker, J. M. Leonard Dr

Place of Business, 782 W. Baltimore *Address,* 379 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Crisfield

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Harris Alley from Wallace Street between Bond St. & Eden & Broadway & Pratt Sts

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Diarrhoea

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Dec 26 1879

Undertaker, P. Mullin

Place of Business, P. PK Ave

James A Steuart M. D.
Medical Attendant.

Address, Comm of Health
H Reynolds

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Connelly

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* 6 *Months,* 15 *Days.*

Color, white

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} 18 Pleasant alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Dec. 26 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Brown

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 118 Chesnut St

Cause of Death, First, (Primary,) Accidental Fall & Slight Stroke

Second, (Immediate,) Senile Decay

Duration of last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26th 1879 James A Steuart M. D.

Undertaker, C. A. White

Place of Business, Granby St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by C. Wenmans

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle C. Kuetter

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 135 E Fremont

Fremont

Cause of Death {First, (Primary,) } Scarlet

{Second, (Immediate,)}

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 26th

A. McSherry M. D.
Medical Attendant.

Undertaker, J. Macher

Place of Business, Paca & Camden *Address,* 33 & 35 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Woods

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 212 South Howard St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 212 South Howard St

Cause of Death, First, (Primary,) (Con. Con.)

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Dec 26

D J Smith *M. D.*
Medical Attendant.

Undertaker, Wm H Owens

Place of Business, 225 S Eutaw *Address,* 26 South Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 36939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eugene Robinson

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 7 *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 114 Lyon St

Cause of Death, { First, (Primary,) Convulsions / Second, (Immediate,) Marasmus

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Dec 27th 1879

Undertaker, Hercules Ross

Place of Business, Conway St

James A Steuart M. D.

Address, Board of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decemb 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Hayward

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 Years, 10 Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~a~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and number} # 77 Hamburg St

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Bal' Cemetery

Date of Burial, Dec' 27 79

H B Stobb M. D.
Medical Attendant.

Undertaker, Insley & Davis

Place of Business, [illegible] Eight

Address, 17 Warren av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet V Samuel Jones (Parents)

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Penn.

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } No. 3 Upton St

Cause of Death, { First, (Primary,) ____ / Second, (Immediate,) Pneumonia

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 26 1879

Chas. E. ____ *M. D.*
Medical Attendant.

Undertaker, William Burger

Place of Business, No 62 East St. | *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Mitchell

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~

Age, ... *Years,* 3 *Months.* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 280 Monroe St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Suffocation Accidental (Probable) Gum

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolan Hill

Date of Burial, Dec 28 1879

Undertaker, Frost Dem

Place of Business, 262 Light St

R. A. P. Ellis *M. D.*
Medical Attendant.

Address, 315 Light St

N. B. Found dead in bed by mother prior 4 a.m. seen at 1 p.m.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36743 # 36743

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Susan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} male

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, Well digger

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Minster, Germany, Thirty five years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 152 E. Lombard St

Cause of Death, First (Primary,) Tuberculosis Pulmonary,

Second (Immediate,) Exhausted

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsis Cem

Date of Burial, Dec 27, 1879

Undertaker, M. Lorance

Place of Business, 280 Canton Av

Irving Miller M. D.
Medical Attendant.

Address 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 369444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Taylor

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 147 Johnson st

Pulmonales

Cause of Death {First, (Primary.)

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday Dec 28" 79

Undertaker, Austin Denny

Place of Business, Eutaw Street

J. W. Nebelet M. D.
Medical Attendant.

Address, 54, Bancel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36945

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 25 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec^r 25^th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Allen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 72 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anne's Co Md.

Duration of Residence in the City of Baltimore, 68 years

Place of Death, {Give street and number} 133 E. Green St.,

Cause of Death { First, (Primary,) Accidentally
Second, (Immediate,) Burned

Duration of last Sickness, 2 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 27th A.D. 79

Undertaker, C. D. Kramer

Place of Business,

R. C. Lee M. D.
~~Medical Attendant~~ Coroner A. D.

Address, Gaines & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza G. Roberts

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 40 *Years,* 7 *Months,* 22 *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 7 McElderry St.

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,) 1 mk

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Dec 28th 1879

Undertaker, Geo. Lowe

Place of Business, Baltimore & Forrest *Address,* 75 E. Balto St.

J. W. Honek M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Mozgrove

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Western Station House

Cause of Death, First, (Primary.) Intemperance

Second, (Immediate,) Apoplexy

Duration of last Sickness, suddon

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 28 1879

Geo C Ogle Coroner M. D.
Medical Attendant.

Undertaker, Mathews Bradyman

Place of Business, 227 Hillen st

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36948

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1878 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 78.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Gennevan

Sex, ~~Male~~ *Female,* {Cross out the words not required in this line.} Gennevan

Age, 78 *Years,* *Months,* *Days*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 26th & Penn St.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Hemorrhage.

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park C

Date of Burial, Dec 28 1878

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Balt St

John L. G. Ward M.D.
Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Albert H Harrison Stewart

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 8 *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, ynd

Place of Death, { Give street and number } Hammond alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, E Public Cem'y

Date of Burial, Dec 27 1879 James A Steuart M. D.

~~Medical Attendant.~~

Undertaker, D Miller

Place of Business, ——— *Address,* Commodore alley & Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd G. E. Worthington [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miriam M. Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nursing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co. Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 52 McKim St

Cause of Death { First, (Primary,) Unknown / Second, (Immediate,) Epileptic Convulsions

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, December 28 79

Undertaker, Ph. J. Dee

Place of Business, 183 Columbia

Edmund Rhodes M. D.
Medical Attendant.

Address, Home

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26. 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frances Brantner

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } —

Age, — *Years,* 11 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 324 Williams St.

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate,) Diphtheria

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Dec. 29th

Edward Cook M. D.
Medical Attendant.

Undertaker, B. Hartley

Place of Business, 411 Light St. *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Mason

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 12 — *Years,* 10 — *Months,* 26 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 133 Dover St

Cause of Death { First, (Primary,) Anasarca " Second, (Immediate,) of Brain

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Burial Gd

Date of Burial, 28th Dec 1879

Jno. H. Benson M. D.
Medical Attendant.

Undertaker, J. H. Cook

Place of Business, 707 West Baltimore St *Address,* 184 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36953

HEALTH DEPARTMENT
DEC 27
1879
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 25 / 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion P Stevens

~~Sex~~, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 14 *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City
since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 176 N Carolina St.

Cause of Death, First, (Primary,) Brights Disease

Second, (Immediate,)

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Frederick city Md
Ms Bal Co

Date of Burial, Dec 26th 1879

Undertaker, Geo. B Cook

Place of Business, No 707 N Baltimore Street

H. B Cook M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36952

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 1879 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace E. Johnson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 6 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 2. 6. 9

Place of Death, {Give street and number.} 120 Hughes

Cause of Death, {First (Primary,) / Second (Immediate,)} Diphtheria 1 week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Dec 28 1879

R. C. Lee M. D.
Medical Attendant.

Undertaker, Armstrong & Young

Place of Business, 263 Eutaw St.

Address, Mason & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Johnson's infant Ernest Johnson

Sex, Male or Female, { cross out the word not required in this line. } Boy

Age, ... *Years,* ..... *Months,* 5 wks 3 *Days.*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 77 Union St.

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } 77 Union St

Cause of Death { First, (Primary.) (dont know I did not attend him) / Second, (Immediate,) Found dead in bed

Duration of last Sickness, Did not seem to be sick

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemet

Date of Burial, Dec 27 1879

Undertaker, Thomas Castle

Place of Business, 103 Sarah Ann St

R. Winslow. *M. D.*

Medical Attendant.

Address, 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decr 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Pierow

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 56 *Years,* (*Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 1014 Chestnut St

Cause of Death, First, (Primary,) Parenchymatous Nephritis (Bright's Disease)

Second, (Immediate,) Marasmus & Dropsy

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 28 th

Undertaker, John Hennessy

Place of Business, 382 Orleans St

J. W. Selvin M. D.
Medical Attendant.

Address, 1 E Eager cor Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the ~~said city, it shall be the~~ duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 25th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. S. Ford,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Colored,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Chapel St.

Cause of Death {First, (Primary,) Cerebral Pneumonia
Second, (Immediate,) Convulsions

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 27th 1879

Undertaker, Thomas J. Lee

Place of Business, 73 Baltimore

H. H. Kyle M. D.
Medical Attendant.

Address, Balt. & Mass. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Barton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time 90 years

Place of Death, {Give street and number} No 33 Jefferson St.

Cause of Death {First, (Primary,) / Second, (Immediate,)} Old Age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Dec 27th 1879

Undertaker, Theodore J. Locks

Place of Business, 73 Jefferson

Francis U. Dawes M. D.
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kilyon Rode

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 151 S Spring St

Cause of Death, First (Primary,) Injury of Head from a fall

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, N. Alfonsus

Date of Burial, December 28th

Undertaker, N. Funk

Place of Business, 35 Bamp[illegible]

F E Hooks M. D.
Medical Attendant.

Address 241 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 25th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Holbein

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 52 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, E. B. N. Cemetery

Date of Burial, Dec 27th 1879

Undertaker, Pat'k Mullin

Place of Business, ———

David Sweet M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Geo. Hoff

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 490 Canton av.

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cem.

Date of Burial, Dec. 28th 79

Undertaker, H. H. Gibbons

Place of Business, 1 W. Eastern av.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Directions for Use of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Connolly

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* 21 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 641 Penn Ave

Cause of Death, First, (Primary,) Brights Disease of Kidneys

Second, (Immediate,)

Duration of last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 28th

Undertaker,

Place of Business,

Geo. W. Travis M. D.
Medical Attendant.

Address, Cor. Stricker & Pennsylvania

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Rules for Use of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Steward

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Valle City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 313 Hanover St

Cause of Death, First, (Primary,) Destitution — Mal. Nutrition

Second, (Immediate,) Marasmus

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Druid St. Cem.

Date of Burial, Dec 28 1879

James A Steuart M. D.
Residence & P.O. address

Undertaker, Hercules Ross

Place of Business, Conway St

Address, Comm of Healths Office

Exam by — E. Wenmaker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

~~Board of Health, City of Baltimore.~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 369164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

Date of Death, Dec 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jones

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} Male

Age, ~~.....~~ *Years,* ~~.....~~ *Months,* 31 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ~~.....~~

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 448 W Pratt St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 448 W Pratt St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Convulsions

Duration of last Sickness, most of lifetime

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 28th

Undertaker, S. Steinbrenner

Place of Business, 3871 Paca St

T. J. Ward M. D.
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Boyer,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 4 S. Bond St.

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,) Asphyxia

Duration of last Sickness, Five days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 29th A. G. Lane *M. D.*

Medical Attendant.

Undertaker, Fry & Son

Place of Business, 57 N. Howard *Address,* Balt. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Flynn

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 50 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, 30 years,

Place of Death, {Give street and number.} Eastern Police Station,

Cause of Death, First (Primary,) Exhaustion caused by Intemperance

Second (Immediate,) and exposure to cold.

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks B. Y.

Date of Burial, Dec. 28 1879

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

A. M. Sullivan, M. D.
Medical Attendant.

Address 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...specially, attend to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 27 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Maiser

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 72 Walnut Alley

Cause of Death, First, (Primary,) Varicella

Second, (Immediate,) Uraemic Convulsions

Duration of last Sickness, Two or three days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 28

Undertaker, Leigh & Cook

Place of Business, 70 West Baltimore St.

W W Smith M. D.
Medical Attendant.

Address, 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 36968

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 25 BALTIMORE

Date of Death, December 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Redobrough

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Easton Md.

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 46 McCulloh Street

Cause of Death, First (Primary,) Dysentheria

Second (Immediate,) "

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Easton Md.

Date of Burial, 24th Dec 1879

W. T. Johnson M. D.
Medical Attendant.

Undertaker, H W Jenkins Son *Address* 146 Park Av

Place of Business, 162 Eight St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Baltimore,

Permit No. 36969

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26th 79.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis R. Foley

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 27 *Years,* ~~Months.~~ *Days.*

Color, White

~~Married,~~ *Single,* ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give street and number. } 119 Eidgith.

Cause of Death, { First (Primary,) Typhoid Pneumonia. / Second (Immediate,) ... }

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 28 1879

Undertaker, James, D Byrne

Place of Business, No 63 N Front *Address* Park Ave & Mulberry St

Jno. G. Day *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Connelly

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~~ *Years,* 4 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 18 Liberty alley

Cause of Death, First, (Primary,) unknown

Second, (Immediate,) Convulsions

Duration of last Sickness, did not suppose it sick thro' 4 dilient

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, Dec. 28th 1879

James A Clemens M. D.

Undertaker, M. A. Deiffer

Place of Business, 74 S. Broadway

Address, Commissioners of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E Weinman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Klug

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 213 Hanover St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 29 - 1879 Theodore Lord M. D.

Medical Attendant.

Undertaker, C. F. Krause

Place of Business,

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 36972

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 28 1879 BALTIMORE

Date of Death, December 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Henry Clarkson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Co.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} No 135 N Calhoun St

Cause of Death, {First (Primary,) Second (Immediate,)} Apoplexy – died 18 hours after seizure

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, December 29th 1879

Undertaker, John A. Weaver & Co.

Place of Business, #22 W. Fayette St

Byron Buckler M. D.
Medical Attendant.

Address 135 N Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27 Dec 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James H. Cox

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* 3 *Months,* 26 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Rock Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil County Maryland

Duration of Residence in the City of Baltimore, Most 60 Years

Place of Death, {Give street and number} 58 North Green St

Cause of Death { First, (Primary,) Bronchitis cap Mortis
Second, (Immediate,)

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, December 29th 1879

Undertaker, John N Weaver & Co

Place of Business, # 22 W. Fayette St

G Pape M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE, &c.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Smith Benson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 62 *Years,* 6 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Somerset Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 30 Williamson St.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) 1 year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Somerset Co Md

Date of Burial, Dec. 29th

Undertaker, S. Hearle

Place of Business, 711 Light St

R. C. Lee M.D.
Medical Attendant.

M. M. Co.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Trans 1621

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georges Maddox

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 5 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Agriculturist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number} 105 Cross st

Cause of Death { First, (Primary,) D
Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Dec 28 1879

Undertaker, Armstrong & Brown

Place of Business, 263 Light St

Rob Gibbs M. D.
Medical Attendant.

Address, 315 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver to the Undertaker or other persons superintending the burial, a Certificate setting forth, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...NY & CO., CITY PRINTERS AND STATIONERS.

...s Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Cooley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 133 Hamburg

Cause of Death, First, (Primary.) Dyspepsia

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Dec 29th 1879

Undertaker, Smith & Linn

Place of Business, 962 Eight St

Thomas Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

...specially attention to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Louise Dinnan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 6 mo *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} N E Cor Gay & Eden Sts

Cause of Death, First, (Primary,) D

Second, (Immediate,) Pneumonia-Lobular Acute

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, Dec 29 1879

Undertaker, Henry Hoen

Place of Business, 309 Central Address, 259 Maryland Ave

W. H. Purnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 26 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Swetzing

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 30 *Years,* ____ *Months,* 26 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number} 1440 Penna Ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) ____

Duration of last Sickness, I saw her first Christmas day - & she died the next. No one was home & I could not learn particulars

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 28th

Undertaker, P. Kummer

Place of Business, ____

W. F. Akrill M. D.
Medical Attendant.

Address, 55 N. Grumf

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L. Howard

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 6 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 74 S. Washington St.

Cause of Death, First, (Primary,) Scarlatina anginosa

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, December 29th

E. D. Mansfield M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 66 S. Broadway *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DE... DEC 29 1879 ...EN... BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emmeline Ophelia Hubbard

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Forty Nine *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } New York City

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, { Give street and number } 242 N. Wolf St.

Cause of Death { First, (Primary.) Organic Disease of Heart

{ Second, (Immediate.)

Duration of last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, December 30th 1879

Undertaker, Wm. H. Buckman

Place of Business, 234 N. Gay St. *Address,* 133 N. Gay St.

C. F. C. ——— M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 29 1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Neely

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, Wht *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Fireman at Barnum's Hotel

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery County Md.

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number.} Barnum's Hotel, E. Pratt St.

Cause of Death, First (Primary,) Chronic Alcoholism

Second (Immediate,) Concussion of Brain from fall

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Dec 29

Undertaker, Henry Meyer

Place of Business, 106 N. Howard St.

J. J. Wilkinson M. D.
"
Medical Attendant.

Address 59 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decbr 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Wittenbrink

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, One (1) *Years,* Four (4) *Months,* Twenty Eight (28) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Old City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 170 Lee St Corner Eutaw

Cause of Death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, Seventeen (17) Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Dec 29th 1879

Undertaker, John Wecker

Place of Business, Baltz & Fayette

J. Swope M. D.
Medical Attendant.

Address, 61 Eutaw Carolina

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Menslager

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 33 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 187 S. Paca St

Cause of Death, First, (Primary.) Valvular Disease of the heart

Second, (Immediate.)

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 29th 1879

Undertaker, John Thacker

Place of Business, Park & Fayette

S T Knight M. D.
Medical Attendant.

Address, 1 Fecan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Burns

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* 8 *Months,* 17 *Days.*

Color, White ~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Retired from Active Business

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland - 81 years in U.S.

Duration of Residence in the City of Baltimore, 61 yrs.

Place of Death, {Give street and number.} 168 W. Fayette St.

Cause of Death, {First (Primary,) ; Second (Immediate,) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 30th Dec 1879

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St

H. W. Owings M. D.
Medical Attendant.

Address 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 36985

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Guppett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} Saratoga & Liberty

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 30th

Undertaker, H. W. Jenkins & Son

Place of Business, 18 Light St

W. J. Murdock M. D.
Medical Attendant.

Address 80 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ease. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Lile

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* 14 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number} 117 Sarah Ann Pl

Cause of Death, First, (Primary,) Diphtheria (Malignant)

Second, (Immediate,)

Duration of last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 29, 1879

Undertaker, J. L. E. Forde

Place of Business, 1263 Park

W. W. Anderson M. D.
Medical Attendant.

Address, 192 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 36987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Hook

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 4 *Years,* 10 *Months,* 5 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Piedmont W. Va

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number } 73 Eutaw

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 29th 1879

Undertaker, Chas T Scriven

Place of Business, 221 N Eutaw St

S Knellans M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 36988

Special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 36988

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. C. Wheeler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {~~Cross out the word not required in this line.~~}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Michaels Talbot Co Md

Duration of Residence in the City of Baltimore, about 8 Years

Place of Death, {Give street and number} 409 Lanvale St

Cause of Death, First, (Primary,) Consumption in general

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Talbot Co Md

Date of Burial, Decem 29th 1879

Undertaker, John L Mc Lucas

Place of Business, Park & Fayette

Jno H. Harris M. D.
Medical Attendant.

Address, Cor Strickers & Presstman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 36989

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Volkert

Female

Sex, ~~*Male*~~ *or* ~~*Female*~~, {cross out the word not required in this line.}

Age, ~~5~~ 53 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria 8 years in U S

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 83 St Paul

Cause of Death { First, (Primary,) Organic Disease of heart probably
, { Second, (Immediate,)

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 30th

Edmund Kraetzer M. D.
Medical Attendant.

Undertaker, Henry Lander

Place of Business, 252 Canton Ave *Address,* Govans Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36990

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Lyons

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 35 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, {Give street and number} No 40 Miller St

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,)

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Dec 29 1879

Wm. L. Russell M. D.
Medical Attendant.

Undertaker, Inman & Bro

Place of Business, Broadway

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748]

Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Ed Thompson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty one *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fort Macon N C

Duration of Residence in the City of Baltimore, Twenty yrs

Place of Death, {Give street and number.} Baltimore Md. 204 Aisquith St

Cause of Death, First (Primary,) Tuberculosis Lungs,

Second (Immediate,) Debility

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 30th 1879

Jno J Caldwell M. D.
Medical Attendant.

Undertaker, Andrew Gill

Place of Business, 118 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...and to list of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 36994

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Decmb 27 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie Pattison, Lynn

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 11 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } "

Occupation, "

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 353 N Gilmor

Cause of Death, First, (Primary.)

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Dec 29/79

Undertaker, Denny & Mitchell

Place of Business, 56 W Fayette St

J H Pattison M. D.
Medical Attendant.

Address, 23 Fayette "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Legh

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 34 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Baker Assist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number} 340 Aisquith Street

Cause of Death, First, (Primary,) Suppression of Urine

Second, (Immediate,) Uraemia

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Dec. 30th 79

Undertaker, Mr. Frana

Place of Business, 280 Canton Ave

Henry E. Daniel M. D.
Medical Attendant.

Address, 199 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James I. Sayre

Sex, Male or Female, { cross out the word not required in this line. }

Age, 79 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, formerly Cigar Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 46 Argyle Ave

Cause of Death { First, (Primary,) Senility

Second, (Immediate,) Sunday

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 29th 1879

Undertaker, John E. Hough

Place of Business, Penna Ave *Address,*

D. P. Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Decker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 8 *Years,* *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 299 N. Broadway.

Cause of Death First, (Primary,) Scarlet Fever.

Second, (Immediate,) 9 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Dec 30th/79

Undertaker, Geo Schilling

Place of Business, Ashland Square

D. W. Houck M. D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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...of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 29. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Hoffman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 4 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 628 S. Munro St

Cause of Death { First, (Primary,) Malignant Scarlet Fever

, { Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 29 1879

James Bulay M. D.
Medical Attendant.

Undertaker,

Place of Business,

Address, 319 Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas E. P. Brewer / Carrilla Brewer } Parents

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, New born ~~Years~~, A few minutes ~~Months~~, ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 937 W Lexington St.

Cause of Death, First, (Primary,) Preternatural Labor

Second, (Immediate,) Asphyxia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Dec 29th

Undertaker, E. Lacock

Place of Business, 70 ½ West Baltimore St

J. J. Keller M. D.
Medical Attendant.

Address, 89 Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry A. Goode,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 155 S. Coll. Ave

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Dec 30th 1879

Undertaker, Peter Frey

Place of Business, Estan do No 41

H. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Mad. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...se of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 36999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26 79

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Romer

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 48 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 94 Mulberry

Cause of Death { First, (Primary,) Phthisis pulmonalis
Second, (Immediate,) Marasmus

Duration of last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 29th 1879

Undertaker, Chas. J. Fowler

Place of Business, 74 Jefferson st

J. Thomson M. D.
Medical Attendant.

Address, 248 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Addison Thomas Bowles

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Dec. 29th 1879 ____ *M. D.*

Medical Attendant.

Undertaker, Fred Kercheval

Place of Business, Carrollton av *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 24th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Sedonia Butler

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 265 Fremont st.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Acute Phthisis Pulmonalis

Duration of last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 29 / 879

Undertaker, S. M. Chase

Place of Business, 80 & 198 Howard st

R. W. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 29 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 27th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Howard

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 38 ys *Years,* ..... *Months,* ..... *Days.*

Color, Light Brown Skin African Descent

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give street and number } No 11 Temple St.

Cause of Death, { First, (Primary,) Epilepsy Asthma Bronchitis
Second, (Immediate,) Exhaustion from Disease

Duration of last Sickness, One (1) Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec. 29 1879.

Undertaker, E. W. Chase

Place of Business, No 17 S. Howard St.

N. G. Keirle, M. D.
Medical Attendant.

Address, Md. Pl. Bates. Special Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Augustus

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St. Vincents Infant Asylum.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Dec 30. 1879

Undertaker, Jo Bramigan

Place of Business, 156 Division St.

Mahony Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37004

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27 December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 4 ½ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Her entire 3 weeks

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec. 30. 1879

Marbury Brewer M. D.
Medical Attendant.

Undertaker, Jr Bramingam

Place of Business, 152 Division St.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

FOR J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, dec. 29th "79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Gillen

"

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

"

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rockenaun Germany

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number.} 263 Aisquith St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Decem 30, 1879

E A Mavis *M. D.*
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 37006

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Fahay

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ~~~ *Years,* 1 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 128 Holliday St

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of last Sickness, all it Life

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, Dec. 29th 1879

Undertaker, Jas. P. Bayne

Place of Business, Front St

James H. Stewart M. D.
~~Medical Attendant.~~

Address, Comm. of Health & Keyes Lane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenmac

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cassidy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 *Years,* 0 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} No 4 Addison St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Heart

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial St Vincents Cemetery

Date of Burial, Dec 28th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av *Address,*

Wm. Whitridge M. D.

Medical Attend...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per...eceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...L. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2708

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F Alex Hazleton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7 Forster alley

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Black St Cem

Date of Burial, Dec 29 78 James H Clemm M. D.

~~Medical Attendant.~~

Undertaker, Jas Brayshaw

Place of Business, Jordan alley *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PUBL. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E Wenmaker

Due Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Hafs

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Forty *Years,* Two *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Moulder

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bavaria Germany

Duration of Residence in the City of Baltimore, About Twenty years

Place of Death, { Give street and number } No 401 N Pratt St

Cause of Death, { First, (Primary,) Locomotor Ataxy / Second, (Immediate,) About Three years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 30th 1879

Undertaker, Geo. Gimbel

Place of Business, 1389 W. Pratt St

D L Rohrer M. D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William J Sumwalt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 19 *Months,* 6 ***Days.***

Color, *Sex,*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 8. Hamburg st

Cause of Death, { First (Primary,) Organic disease of Heart
Second (Immediate,) Cardiac Paralysis

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 30th 1879

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

T. Dunphy ***M. D.***
Medical Attendant.

Address 178 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1879 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Williams

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S i n g l e

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 325 E. Lafayette Street

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) ____

Duration of last Sickness, 2nd day

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Dec 30th

Undertaker, Daniel Sutter

Place of Business, 419 East Lafayette Ave

Simon E. Dennis M. D.
Medical Attendant.

Address, 199 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC. 30. 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 79.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Flynn Francis Flynn (Twins)

Sex, Male or ~~Female~~, {cross out the word not required in this line.} One Male, One Female.

Age, ... *Years,* 1 *Months,* ..... 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 152 Leadenhall St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Premature Birth. about 7 mo. Death by Asphyxia

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem.

Date of Burial, Dec 30th 1879

Undertaker, ...

Place of Business, ...

B. F. H. Tull M. D.
Medical Attendant.

Address, 152 Lhanp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frances Thynne

Sex, ~~Male or~~ Female, { cross out the word not required in this line. } (Twin)

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Indiana

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 152 Lexington St

Cause of Death, { First, (Primary,) ——— Second, (Immediate,) Premature Birth

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Dec 30 1879

Undertaker, C. F. Krauss

Place of Business, 209 Hanover

James A Steen M. D.

Address, Comm of Health & Registr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Copy

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Vickers

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 15 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 Yrs

Place of Death, {Give street and number} 31 Hill St

Cause of Death { First, (Primary,) Cerebro Spinal Meningitis
, { Second, (Immediate,)

Duration of last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Dec 31

Undertaker, [illegible]

Place of Business, 411 Light St

Address, 313 Fell St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilie A Garrett

Sex, ~~Male~~, *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, *Widow* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Queen Anne Co Md

Duration of Residence in the City of Baltimore, Bn 40yrs

Place of Death, {Give street and number.} No 253 Park av

Cause of Death, {First (Primary,) / Second (Immediate,)} Pulmonary Consumption

Duration of Last Sickness, 8 years —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, December 30 1879

Ruffin Buckler M. D.
Medical Attendant.

Undertaker, Wm S Weaver

Place of Business, No 202 N. Eutaw St

Address 135 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT DEC 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas Jacks

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 22 *Years,* 2 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 121 Lee Edward

Cause of Death, First, (Primary,) Hypertrophy

Second, (Immediate,) Consumption

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 31st 79

Undertaker, Geo Schilling

Place of Business, Holland Square

Wilson Taylor M. D.
Medical Attendant.

Address, Broadway & Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37017

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28. 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Hueco

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Three *Years,* *Months,* *Days.*

Color, Col'd *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Tobacco Co

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 44 King St.

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Congestion of Lungs (supposed)

Duration of Last Sickness, A week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Dec 30th 1879

C. H. Hollrook M. D.

Medical Attendant.

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St. *Address* Hosp. Free Dispensary 25 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 37018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 28th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adolf Wittmann.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 34 *Years,* ~~ *Months,* ~~ *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } ~~

Occupation, Bar-keeper.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore. 26 yrs

Place of Death, { Give street and number. } N. W. cor. Canton ave and Durham st. (upstairs)

Cause of Death, { First (Primary,) Phthisis Pulmonalis / Second (Immediate,) Exhaustion

Duration of Last Sickness, 6 mo.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls. Cem.

Date of Burial, December 30th 1879

Dr. C. M. Schutte Jr M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave. Address S.W. cor. Wolfe st & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

(37019)

Board of Health, City of Baltimore,

Permit No. 37019

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 29 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Ellen Mullin

Sex, Male or Female, { cross out the word not required in this line. }

Age, 74 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, No

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 48 yrs

Place of Death, { Give street and number } 319 Argyle ave

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Pneumonia

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, West Cathedral

Date of Burial, Dec 31st 1879

Undertaker, Jno E Murphy

Place of Business, 319½ Penna Ave

J H Patterson, *M. D.*
Medical Attendant.

Address, 23 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...r Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Read

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 19 *Years,* 5 *Months,* 26 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} a.a. co md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 47 Elbow Lane

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Fam Cemetery

Date of Burial, December 31st 1879

Jno D Blake M. D.
Medical Attendant.

Undertaker, H Jacobs Rees

Place of Business, 10 E Conway

Address, 33 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
30
1879
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th Dec. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Baily

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 20 *Years,* ..... *Months,* ..... *Days.*

Color, Blk

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servt

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 205 Hamburg St

Cause of Death, First, (Primary,) Carditis

Second, (Immediate,) Pain and nervous Exhaustion

Duration of last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, December 31st

Undertaker, H. Neale Ross

Place of Business, 1195 Druid Hill Ave

Augustus McDodge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[or ...]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ____ *Years,* ____ *Months,* About 10 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Entire life 3d days

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus from Opium

Second, (Immediate,) Coma

Duration of last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Dec 31. 1879

Undertaker, H. O'Brannigan

Place of Business, 156 Division St.

Martin Brewer M. D.
Medical Attendant.

Address, 68 McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary F Brooks

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, ~~—~~ *Years,* ~~—~~ 6 *Months,* ~~—~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ~~—~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } St Michaels Md

Duration of Residence in the City of Baltimore, 3 weeks —

Place of Death, { Give street and number } 435 Lanvale st

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Catarrhal Bronchitis

Duration of last Sickness, 2 weeks —

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Dec 30th 1879

Undertaker, F. A. Kerchner

Place of Business, Carrollton av

James A Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Hospitals

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Informe — D. Chalmers

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th December 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johan, Friedrich, Wilhelm Ritter.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, white.

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 223 S. Wolf Str. near Alexander St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Diphtheritis

Duration of last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, 5th St Paul Cem'y

Date of Burial, Dec 30th

Robert Smith M. D.
Medical Attendant.

Undertaker, H. Eschelbach

Place of Business, 246 Eastern Av

Address, 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Wesley Blessing

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 70 East Street

Cause of Death, First (Primary,) Scarlet fever Malignant

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cem

Date of Burial, Dec 31st

Undertaker, H. Frechlich

Place of Business, 246 Eastern Ave

Geo. H. Beaver M. D.

Medical Attendant.

Address 258 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 30 1879 BALTIMORE

Date of Death, Dec 29th 187

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos A Lowe

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hostler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 42 N Calvert

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Perforation, Collapse,

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 31 at Dec 31st

Undertaker, Perkins & Burns

Place of Business, 130 Hanover st

Geo B Reynolds M. D.
Medical Attendant.

Address, 42 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 28 1899.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Blanche Lamb

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* 10 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 70 N. Chester.

Cause of Death, First, (Primary,) acute Pneumonia 4 days - which had

Second, (Immediate,) subsided and was followed by Cerebral

Duration of last Sickness, Catarrhal Inflamation which lasted 2 days

All the above information should be furnished by the Physician.

Cause of death - exposure to cold —

Place of Burial, Western C—

Date of Burial, Dec 30 1899

A Isaacson M. D.
Medical Attendant.

Undertaker, J. B. Blackistone

Place of Business, 606 Balt st

Address, 543 Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 30 1879 BALTIMORE

Date of Death, Dec 28 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Hammond

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 75 Block 21 –

Cause of Death, First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, W. Pebble's Cem'y

Date of Burial, Dec 30 1879

Wm R Howard M. D.
Medical Attendant.

Undertaker, H. A. Kershaw

Place of Business, ———

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate

Board of Health, City of Baltimore,

Permit No. 37029

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 29 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Waiker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Seventy four *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth except absence

Place of Death, {Give street and number} 337 Fawn St.

Cause of Death, First, (Primary,) Chronic Dyspepsia

Second, (Immediate,)

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, Dec 31st 1879

Undertaker, M. A. Darger

Place of Business, 74 S. Broadway

J. H. Litchiser M. D.
Medical Attendant.

Address, 84 Wilkens Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 29 187

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Hayward

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 116, William St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Pneumonia

Duration of last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Dec 31 1879

C. B. Noble M. D.
Medical Attendant.

Undertaker, Arnold & Dehuff

Place of Business,

Address, 17 Gamon av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Sigler

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 339 Central ave

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Convulsions

Duration of last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Dec 31 1879

Undertaker, Henry Hoock

Place of Business, Central ave

J Thurston Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Camilla Brewer

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Since life

Place of Death, { Give street and number } 931 Lexington St.

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Pneumonia Peritonitis

Duration of last Sickness, 30 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 31

J. H. Keller *M. D.*
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 West Balt St *Address,* 89 Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Arthur

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Horse Shoer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 years,

Place of Death, {Give street and number} No. 99 ~~er~~ Front St

Cause of Death {First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, Several years,

All the above information should be furnished by the Physician.

Place of Burial, Franklintown Baltimore County

Date of Burial, 31st Dec 1879

Undertaker, L. B. Cook

Place of Business, 207 N Balto St

John Morris *M. D.*
Medical Attendant.

Address, W. S. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John F. Osborne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Book Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 366 Hollins Street

Cause of Death, First (Primary,) Bronchitis

Second (Immediate.) Consumption

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 1st January 1880

Undertaker, H. W. Jenkins & Son *Address* 71 Hanover st.

Place of Business, 16 Light st.

J. R. McManus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry P. Kelley Jr.

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 204 E. Chase St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 204 E. Chase St.

Cause of Death { First, (Primary.) Bronchitis

Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bon Bon C

Date of Burial, December 31 1879

Undertaker, Henry Tock

Place of Business, 309 N. Central Av

Wm. B. Billingslea M. D.
Medical Attendant.

Address, Harford and Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

Permit No: 37036

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 29th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernest Klunk

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 7 *Years,* 2 *Months,* 27 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 168 Division St

Cause of Death, First, (Primary,) "

Second, (Immediate,) Scarlet Fever.

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsis

Date of Burial, Dec 31st 1879

Undertaker, Jno E Murphy

Place of Business, 319 Penna Ave

Samuel T. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albie F. Bodwell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Eighty *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Lowell, Mass

Duration of Residence in the City of Baltimore. 3 years 2 months

Place of Death, {Give street and number.} 29 Bolton St

Cause of Death, First (Primary,) Senility

Second (Immediate,) Senile Gangrene

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial,

Undertaker, Thos L Murphy

Place of Business, 111 E Balto

E. E. Price & Son M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1627

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 30th December 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine E. Rathbone,

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, about 60 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single,

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oxford, N.C.,

Duration of Residence in the City of Baltimore, about fifty years,

Place of Death, {Give street and number.} 184 Aisquith, Avenue,

Cause of Death, First (Primary,) Do not Know.

Second (Immediate,) Carcinoma of Liver & Stomach.

Duration of Last Sickness, about three months,

All the above information should be furnished by the Physician.

Place of Burial, Elmira N. York

Date of Burial, Dec. 31st 79

Undertaker, Wm. Jenkins & Son

Place of Business, 16 Light St,

Harvey L. Byrne M. D.
Medical Attendant.

Address 147 Edmondson Avenue
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1626

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joanna A. Magee

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 171 Jefferson St.

Cause of Death { First, (Primary,) / Second, (Immediate,) Acute softening of the brain.

Duration of last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, January 2nd 1880

{ *Undertaker,* Denny & Mitchell / *Place of Business,* 65 S Broadway, *Address,* 94 S. Broadway.

Aug. F. Erich *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30th 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grafton Jones.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 95 Oak Street.

Cause of Death First, (Primary,) Croup & Pneumonia

Second, (Immediate,) " "

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec 31st 1879

Undertaker, Hohl & Sevices

Place of Business, 271 N Eutaw St

A. C. Dodd M. D.
Medical Attendant,

Address, N. W. Cor Fayette & Schroeder

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 30. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edward Wheeler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~~~ *Years,* 1 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} # 129 Chew St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Dec. 31th 1879

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Wm. H. Hyckman

Place of Business, 234 N. Gay St. *Address,* #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 37042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

Date of Death, Dec. 30 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agatha Gebhart.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 2 *Months,* 24 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Sin.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 160 S. Bond Balto

Duration of Residence in the City of Baltimore, since birth in Balto

Place of Death, { Give street and number. } 160 S. Bond Balto

Cause of Death, { First (Primary,) Bronchitis / Second (Immediate,) Diphtheria

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Com.

Date of Burial, Jan. 1 '80

{ *Undertaker,* Wendelin Diffel / *Place of Business,* S. Bond st. 151 } *Address*

Chas Heine *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 370443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Alexander Nicholas Schmidt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* 2 *Months,* 8 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number} N. Henry & Forrest Sts

Cause of Death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem

Date of Burial, Jan 1th 188[illegible]

L. Kuttkamm M. D.
Medical Attendant.

Undertaker, Julius Kochler

Place of Business, Sharp & Eager *Address,* 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 370464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Boyle

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Teamster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 53 Duxbury Alley

Cause of Death First, (Primary,) Tuberculous

Second, (Immediate,) Consumption

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 1st 1879

Undertaker, Jos L Cook

Place of Business, No 707 W. Baltimore Street

Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 370415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30 - 1879

Full Name of Deceased, {Write legibly and spell correctly; If an Infant not named, give names of parents.} Sarah Jane Jenkins

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 11 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 121 York St

Cause of Death First, (Primary,) Pleuro Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 2nd 1880

Undertaker, Wm J. Gray

Place of Business, 65 Monterey Ave *Address,* 206 Shapley St

H. S. Boozo M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITA

Permit No. 37046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *as soon as possible after death has occurred*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Gwynn

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, 86 *Years,* *Months,* *Days*

Color, Black

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 123 Low St

Cause of Death, {First (Primary,) Old age & debility / Second (Immediate,) Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 2nd 1880

Undertaker, Chas A White

Place of Business, # 35 Granby St

Sam J Belt *M. D.*
Medical Attendant.

Address, # 134 ½ Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37047 OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

Date of Death, December 30th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Whisplehorn

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 6 *Years,* 3 *Months,* 2 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 16 Warner St.

Cause of Death, First (Primary,) Scarlatina Anginosa

Second (Immediate,) Cardiac asthenia

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 31st/79

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

DeLancey H Barclay M. D.
Medical Attendant.

Address 47 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Permit and Return on the other side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37048

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1879 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 29th 1879.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Buschbacher

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. } Female

Age, 51 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. } Married

Occupation, ~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Philadelphia

Duration of Residence in the City of Baltimore, 47 yrs.

Place of Death, { Give street and number } 93 n Amity St.

Cause of Death, { First, (Primary,) Removal of Uterine Growth by another Dr. Second, (Immediate,) Followed by Chronic Peritonitis and Marasmus

Duration of last Sickness, Since September 1879

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 31

Undertaker, C H Mayer

Place of Business, 157 Aisquith

Emma E. Lozen M. D.
Medical Attendant.

Address, 183 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 37049

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank M. Smith

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 44 N Eden St

Cause of Death, First, (Primary.) Brain Dis'e.

Second, (Immediate,) Consumption

Duration of last Sickness, Last year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 2d

Undertaker, Conrad Rinehart

Place of Business, 60 Park St

Medical Attendant. *M. D.*

Address, 60 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 37050

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Wimmeberg

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 3 *Years,* — *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and number } 164 E Madison St

Cause of Death, First, (Primary,) Malignant pearlitis

Second, (Immediate,) Toxemia

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 2nd 1880

Undertaker, Geo. Glenchell

Place of Business, Penna ave.

D. M. Cattell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 37057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Miller

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 340 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 1st 1880

Undertaker, Thos. Seward

Place of Business, 35 S. Eutaw St

H. Sheridan Cor'r. V. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Permit No. 37052

OFFICE OF REGISTRAR OF VIT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certific... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Jones

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.} Male

Age, ... *Years,* Six *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 34 Forrest St

Cause of Death, First (Primary,) Croup

Second (Immediate,) Asphyxia

Duration of Last Sickness, Two Days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 1st 1880

Undertaker, J Perkins & Keene

Place of Business, 130 Hanover East

Saml J Bell M.D.
Medical Attendant.

Address, # 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITA

Permit No. 37053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christiana Price

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 68 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, { Give street and number } No 293 Canton Avenue

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Dropsy : General

Duration of last Sickness, More than 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'ty

Date of Burial, January 2nd

Undertaker, Henry Froehlich

Place of Business, 246 Eastern Ave

J Ridgway Dutr M. D.
Medical Attendant.

Address, 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37054

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 29th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Bacon

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Hatter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} St Thomas Court No 2

Cause of Death, First, (Primary,)

Second, (Immediate,) Hip Disease

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 1 1880

Undertaker, Wm Knaps

Place of Business, 46 East St

E. A. Baldwin M. D.
Medical Attendant.

Address, 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 37055

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31 A 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Robinson

Sex, ~~*Male or Female,*~~ { cross out the word not required in this line. }

Age, 27 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } U S A

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number } No 38 Sterling st

Cause of Death { First, (Primary,) Phthisis Pul
Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Jan 1 A 1880

Undertaker, Wm N. Dunge

Place of Business, No 62 East st

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 37056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a*
ut, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH BALTIMORE JAN 1 1880

CERTIFICATE OF DEATH.

Date of Death, December 29th 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Yeatman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number} 41 E Hanover Corner Gaslight

Cause of Death {First, (Primary,) Exhaustion

Second, (Immediate,) Exhaustion Dropsy &c

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon County,

Date of Burial, Jan 1 1880

Undertaker, William Stange

Place of Business, 106 East St

S. A. Bee M. D.
Medical Attendant.

Address, 161 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 37057

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Russell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* Eleven *Months,* Five *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number} 144 York St.

Cause of Death First, (Primary,) Diphtheria.

Second, (Immediate,) Exhaustion.

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan. 1st 1880

Undertaker, Owens & Whiting

Place of Business, 225 S. Eutaw St

S. S. Brown, M. D.
Medical Attendant.

Address, 144 York St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 37058

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31 Dec. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Lavinia Parker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 5 Chapel st. Court.

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) apnea

Duration of last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St

Date of Burial, Jan 1st 1880

B. F. Leonard M. D.
Medical Attendant.

Undertaker, Theo J Locke

Place of Business, 73 Jefferson St *Address,* 26 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37059

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 30 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Tinsley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Over 110 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Domestic

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 45 South Eden Alley

Cause of Death, { First (Primary,) Old age

Second (Immediate,) ~~Exhaustion~~ Exhaustion.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas Sta

Date of Burial, Jan 2d 1880

A. J. Lowe M. D.
Medical Attendant.

{ *Undertaker,* Theo Locke
{ *Place of Business,* 73 Jefferson St Address 169 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Dr. has been out of Baltimore
[illegible] and thinks Born in Va.

Board of Health, City of Baltimor

Permit No. 37060

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 31st of December 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Kennedy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* One *Days.* 6 hours

Color, Wht

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 175 Vine Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasm

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, 1st of January

Undertaker, J B Cook

Place of Business, 207 N Bdwy

James A Steuart M. D.

~~Medical Attendant.~~ Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by E Weinman

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit No. 37061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 30. 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Wenzel

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 146 Duncan St.

Cause of Death {First, (Primary,) Capillary Bronchitis
Second, (Immediate,) Convulsions

Duration of last Sickness, not positively known, was dying when called

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, January 1st 1889

Undertaker, Peter Frey

Place of Business, 91 Eutaw Ave

J. H. Collenberg M. D.
Medical Attendant.

Address, 357 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37162

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31. 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Henry B. Pent

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 433 Light St

Cause of Death, {First, (Primary,) — Second, (Immediate,) Typhoid Fever with Pleurisy

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Md

Date of Burial, Jan. 2 80.

Undertaker, C B Fowler

Place of Business, 433 Light St

Sheridan Coale M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore

Permit No. 37063

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31. 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Son of G. H. Barbara Bottger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 6 - *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 47 Penna Ave.

Duration of Residence in the City of Baltimore, 6 days -

Place of Death, {Give street and number} 47 Penna Ave

Cause of Death, First, (Primary,) Bronchitis.

Second, (Immediate,) Atelectasis -

Duration of last Sickness, 24 hrs -

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 2

Wm Pickard, M. D.
Medical Attendant.

Undertaker, Walter Imme

Place of Business, 252 W. Baltimore *Address,* 520 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 37064

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Rauh

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Fifty two *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty Nine

Place of Death, {Give street and number} 86. South Eutaw St.

Cause of Death { First, (Primary,) Heart Disease

, { Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Jan. 3d 80

Undertaker, M. A. France

Place of Business, 280 Eastern Ave *Address,* Coroners. E. D.

D. C. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37065

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara Frantz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Baltimore Co Catonsville

Cause of Death, { First (Primary,) Second (Immediate,) } Marasmus 6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jan'y 3rd 1880

{ *Undertaker,* Wm. Jenkins & Son
{ *Place of Business,* 16 Light St

L. L. Brides M. D.
Medical Attendant.

Address 27 Catonsville Rd Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 37066 OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin M Sauerhoff

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation, Shop Joiner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 172 Hughes

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Jan'y 4th 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St

J H W Mebus M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37067

OFFICE OF REGISTRAR OF VIT

HEALTH DEPT
JAN
1890
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certifica
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Bruce

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 9 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number} 75 S. Bethel Alley

Cause of Death First, (Primary,) Scrofula

Second, (Immediate,) ~~Pain~~ Convulsions

Duration of last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan. 2nd 1890

Undertaker, Chas. J. Locke

Place of Business, 73 Jefferson *Address,* 1 & Broadway

L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 37068

OFFICE OF REGISTRAR OF VITAL S

HEALTH DEPT. JAN 2 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ada Collins

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 4, *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Born & lived

Place of Death, { Give street and number } 518 St. Paul St.

Cause of Death { First, (Primary,) Bright's Disease

Second, (Immediate,) Uraemia

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 2nd 1880

Undertaker, John Worthington

Place of Business, Camden & Paca

B. F. Uhler M. D.
Medical Attendant.

Address, 319 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 37069

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. E. Anon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Cirrhosis of Liver Bright's Disease
, { Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 Mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 3rd 1880

{ *Undertaker,* Denny & Mitchell
{ *Place of Business,* 65 S Broadway

David Shull M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 37070

OFFICE OF REGISTRAR OF VITAL ST

JAN 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 30/1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George W Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 10 *Months,* 2 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } Blair Road

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 2nd /80

Undertaker, Geo Schilling

Place of Business,

J. W. White, M. D.
Medical Attendant.

Address, 38 St Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VIT

Permit No. 37071

The Physician who attended any person in a last illness is responsible for the presentation of this Certific
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JAN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31 79

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth H. Richard

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color, White

~~*Married Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, From infancy

Place of Death, { Give street and number } 45 Lexington St

Cause of Death, { First, (Primary,) Second, (Immediate,) } Cancer of the Uterus

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 2d 1880

Undertaker, Wm S Weaver

Place of Business, No 202 N Eutaw St

J G Mullen *M. D.*
Medical Attendant.

Address, 89 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 37072

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certifica... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie King

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 6 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimo

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 95 W Baltimore

Cause of Death { First, (Primary,) Scarlet Fever

Second, (Immediate,) Pericardial effusion

Duration of last Sickness, Four weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 3th 1880

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltim

Permit No. 37073

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE 1880

CERTIFICATE OF DEATH.

Date of Death, January 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Henry Hand

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* 9 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Milliner none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} Hartford Avenue 533

Cause of Death {First, (Primary,) Pulmonary Consumption

{Second, (Immediate,) Tubercular Laryngitis &c

Duration of last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 3d 1880

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

Chas E Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 37074

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Decemb 31. 94

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susana Leach

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 65 *Years,* 2 *Months,* *Days.*

Color, W

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ne

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 354 Hanford avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthis Pulmon

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery.

Date of Burial, Jan 4th/95

Undertaker, George Schilling

Place of Business,

H Whitelow M. D.
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 37075

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or as said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 1 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Casey Klunk

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 168 Division St

Cause of Death, { First, (Primary,) Malignant Scarlatina
Second, (Immediate,) Vomiting & Purging

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jany 7. 1880

S. T. Knight M. D.
Medical Attendant.

{ *Undertaker,* J. E. Hough
{ *Place of Business,* 319½ Pennsa *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 37076

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Joe Murphy

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 3 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 343 East av.

Cause of Death, First, (Primary,) Malignant-Pleurisy

Second, (Immediate,)

Duration of last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents B. Ground

Date of Burial, Jan. 2. 1879

Undertaker, M. A. Dwyer

Place of Business, 744 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltim.

OFFICE OF REGISTRAR OF VITA

Permit No. 37077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate. ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Margaret Brown

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 95 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give street and number } 35 S. Columbia Street.

Cause of Death, { First, (Primary.) Oedema & Congestion of the Lungs. / Second, (Immediate.) (Three days.)

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 2. 1880

Abram B Gundel *M. D.*
Medical Attendant.

{ *Undertaker,* H. A. Dauer
{ *Place of Business,* 74 S. Broadway *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37078

OFFICE OF REGISTRAR OF VI

The Physician who attended any person in a last illness is responsible for the presentation of this Certific
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dorethea Dander

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 91 *Years,* 2 *Months,* 29 *Days.*

Color, white

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 1. Baker's Court

Cause of Death First, (Primary,) old age

Second, (Immediate,) Capillary Bronchitis

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 4

Undertaker, G. Leimbach

Place of Business, 389 W. Pratt Street

J. H. Emmey, *M. D.*
Medical Attendant.

Address, 76 Place St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 37079

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Griffith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and number} Baltimore st, near Callender alley

Cause of Death, First, (Primary,) run over by street car,

Second, (Immediate,) accidentally killed,

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 4th 1880

Undertaker, Thos E Hughes

Place of Business, City & Balto

Geo C Ogle Coroner M. D.
Medical Attendant.

Address, 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 37080

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Wilson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 106 Gallington Av.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, Jany 3d 1880

Undertaker, Thos L Hughes

Place of Business, 60 E. Ballo St

J. J. Litzer M. D.
Medical Attendant.

Address, 160 Saratoga Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37087

The Physician who attended any person in a last illness is responsible for the presentation of this Certi
out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Lee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years.* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} No 13 Hillhouse St

Cause of Death, First (Primary,) Senility

Second (Immediate,)

Duration of Last Sickness, 2 Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, 5th Jan

Undertaker, P B Blackiston M. D.

Place of Business, Address No 763 W Balto St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 37082

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 1, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino Allen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty four *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Postman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 24 West Lee English Bark — Jno Patterson

Cause of Death, {First (Primary,) Bronchitis 3 days. Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, January 1880

Undertaker, Wendelin Dippel

Place of Business, Bond St 151

D. E. Ireland M. D.

Medical Attendant.

Address Coram E. N.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37083

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Birkut

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 47 *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria 27 yeares

Duration of Residence in the City of Baltimore, 27 Yeares

Place of Death, {Give street and number} 352 E. Fayette

Cause of Death { First, (Primary,) ; Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St-Alphonsos Cemetery Lowys Lane

Date of Burial, Monday Jan 5 at 9 oc

Undertaker, H. Aock

Place of Business, 309 Canal St

M. D.
Medical Attendant,

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 37084

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 31. 79

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Philip Davis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* 23 *Days.*

Color, Blk

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 5 23

Place of Death, {Give street and number} 2a Boyd Boyd

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 2 1879

W. H. Kaufman M. D.
Medical Attendant.

Undertaker, S. H. Cawse

Place of Business, No 198 Howard St *Address,* 3 Hughes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Bowen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 212 Hanover St.

Cause of Death, {First, (Primary,) Diphtheria & Croup
Second, (Immediate,) One week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 3 1879

R. M. Hall *M. D.*
Medical Attendant.

Undertaker, L. W. Chase

Place of Business, No 198 Howard *Address,* 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37086

OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta Richardson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, red *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 151½ Pearce St.

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Bronchitis

Duration of Last Sickness, 3 months,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 2nd

Undertaker, W. Bishop

Place of Business, Laurel Hill Station

H. Rich *M. D.*
Medical Attendant.

Address 30 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Clare Hook

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 18 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Piedmont W. Va

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} 53 Eagle St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 3th 1880

Undertaker, Chas F Scriven

Place of Business, 271 W Eutaw St *Address,*

D Dell Shaw *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 37088

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fil[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31 — 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Thomas

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 17 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, House Girl

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, about 17 years

Place of Death, {Give street and number} University Hospital (Shot, ac 36 Penn St.)
(Res 36 Peach ac)

Cause of Death First, (Primary,) (Homicide) Gun Shot Wound
Second, (Immediate,) Acute Hemorrhage

Duration of last Sickness, about 1½ hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 3rd 1880

Undertaker, Alexander Hayman

Place of Business, 12 Saratoga St.

R. C. Lee M. D.
~~Medical Attendant~~ Coroner S. D.

Address, N. W. cor Howard & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 37089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, December 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia West

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Five *Years,* Six *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number} No 133 Welcome alley

Cause of Death { First, (Primary,) Croup
Second, (Immediate,) Asphyxia
One Day

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 2 1879

Undertaker, H W Chase

Place of Business, No 193 Howard

Address, 146 Third St

L. L. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 37090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec. 31st 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Harrison

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, Eighty *Years,* — *Months,* — *Days.*

Color, Black *Sex,* —

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Fredericktown City Md.

Duration of Residence in the City of Baltimore, Seventy years

Place of Death, { Give street and number. } No. 184 Pearl st.

Cause of Death, { First (Primary,) Debility - Second (Immediate,) Paralysis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 2 1880

{ *Undertaker,* E Artchase
{ *Place of Business,* 19 1/2 Howard st *Address* 120 W. Greene st

F. B. Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 37091

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dece 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria S. Somers

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Ball City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 75 East St.

Cause of Death, First, (Primary,) Pentussis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 3rd 1880

Undertaker, L. A. White

Place of Business, Granby St

James A. Steuart M. D.

~~Medical Attendant~~

Address, Comm. of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenmark

[OVER.]

Permit No. 37094

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Suhne

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* ... *Months,* ... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number} No 176 E. Broadway

Cause of Death { First, (Primary,) Cerebral Hemorrhage
Second, (Immediate,) Paralysis of Heart

Duration of last Sickness, ~ 24 Hours ~

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Cemetery

Date of Burial, January 4th 1880

Undertaker, Wm. Delaw

Place of Business, 100 Gough St

Thomas R. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37093

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Madwell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number.} St Vincents Hospital.

Cause of Death, First (Primary,) Abortion Fumal. —

Second (Immediate,) Collapse after its removal. —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 4th Jan. 1879

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light st. *Address*

H. Hunt Todd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 37094

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Kraus

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, Mute

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 6 - Clinton St

Cause of Death, {First, (Primary,) — Second, (Immediate,) Chronic Dysentery

Duration of last Sickness, 15 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial, Jan 4th.

Undertaker, Henry Price

Place of Business, Hanover St & St

Howard Carter M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained; That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 37095

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 3 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 2nd 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Capt. Louis S. Hazzard

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, Ten yrs.

Place of Death, {Give street and number} 379 Hanover

Cause of Death {First, (Primary,) Paralysis

{Second, (Immediate,) Congestive Chill

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan. 4th 80

Undertaker, Wm. H. Hickman

Place of Business, 1124 E. Fay

H. G. Luck M. D.
Medical Attendant.

Address, Balt. & Mark. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} St. Ann Elena Carter

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2. Short alley

Cause of Death, First, (Primary,) Mal. Nutrition

Second, (Immediate,) Pneumonia

Duration of last Sickness, 6. days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, Jan 3d 1879

To be published M. D.

~~Medical Attendant.~~

Undertaker, Pat. Mullin

Place of Business, East St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 37097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah E. Hudson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, { Give street and number } 37 Admiral

Cause of Death { First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, Jan 6 1880

Undertaker, Armstrong & Denny

Place of Business, No 468 Lombard

[illegible] M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 37098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 2nd 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James P. Kilbride

Sex, Male ~~or Female~~, {cross out the word not required in this line.} —

Age, 2 Years, 1 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 74 Lewis St.

Cause of Death { First, (Primary,) — / Second, (Immediate,) Pneumonia

Duration of last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Dec 4th 1879

Undertaker, H. Hoffmeier

Place of Business, 63 E. Eden St

Address, 13 Oden St

D. D. Griffin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 27099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Friday Jan 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel C Thompson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 9 *Years,* 2 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number} McHenry Apt No 40

Cause of Death, First, (Primary,) Typhoid

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Carroll County

Date of Burial, Jan 5th 1879

J. H. R. Mulfs M. D.
Medical Attendant.

Undertaker, P. Kummert

Place of Business, 317 Mulberry st *Address,* 28 Gilmor st North

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1628

[OVER.]

Board of Health, City of Baltimore,

Permit No: 87100

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Joe

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 50 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twenty six years.

Place of Death, {Give street and number} # 38 Bank St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 4th January 1880

Undertaker, John C. Gluck

Place of Business, 267 Aisquith

John Ruhlberger M. D.
Medical Attendant.

Address, # 243 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

Board of Health, City of Baltimore.

Permit No. 37104

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen McManus

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6 Hall's alley

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Catarrhal

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Jan 4th 1880

James A Steuart M. D.

Undertaker, Patrick Cummins

Place of Business, 28 Hamburg St *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Ec Wainwright

[OVER.]

Permit No. 37102

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. T. Desch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 425 Eastern Ave

Cause of Death, {First (Primary,) Hydrocephaloid

Second (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Mt Carmel Cemetery

Date of Burial, January 4th 1880 Charles H. Thomas M. D.
Medical Attendant.

Undertaker, Denny & Mulcahy Address 85 & Baltimore St

Place of Business, 635 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37103

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 2, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jackson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 54 Harmony Lane

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) ~~Cons~~ Pneu.

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, 5 Jan 1880 [illegible] M. D.

Medical Attendant.

Undertaker, Peter Kumbier

Place of Business, 311 Mulberry *Address,* 319 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 37104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Pfaumiller

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months,* 9 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number} N. 273 w Pratt.

Cause of Death, First, (Primary,) Scarlet-fever

Second, (Immediate,) Intense high fever and Adynamia

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem Dr

Date of Burial, Jan 4 1880

Henry Salzer M. D.
Medical Attendant.

Undertaker, C. B. Fearhake

Place of Business, 41 Light St

Address, 165 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 37105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2d 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Murphy,

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Housewife.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 yrs.

Place of Death, {Give street and number} 109 Albemarle St

Cause of Death, First, (Primary.) Cancer of Stomach

Second, (Immediate,) Exhaustion

Duration of last Sickness, 12 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 4th 1880

Undertaker, James P. Byrne

Place of Business, 63 n Front St *Address,* 210 N. Broadway.

J. R. Chambers. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 37106

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR JAN 3 1880 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 3 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lassie Lynch

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 24 Boyd St

Cause of Death, First, (Primary,)

Second, (Immediate,) old age

Duration of last Sickness, about 3 years

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Meth

Date of Burial, Jan 4 1879 Jam A Steele M. D.

Undertaker, Saml W. Chase

Place of Business, S. Howard St *Address,* Comm of Health & Registra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Sam'l E. Chase [OVER.]

Permit No. 37107

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 2 1890

Date of Death, January 3rd 1890

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Henry Stewart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Nine *Months,* ——— *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City - Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 916 Bruce St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Meningitis

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery L. C. Shimer M. D.

Date of Burial, January 4 Medical Attendant.

Undertaker, E B Cook

Place of Business, 767 West Baltimore ~~Address~~ 41 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore

Permit No. 37108

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1890 BALTIMORE

Date of Death, January 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emilie Zang

Sex, Male or Female, { cross out the word not required in this line. } F

Age, 36 *Years,* 8 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } M

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 170 Shaft

Cause of Death, { First, (Primary,) Puerperal Peritonitis

{ Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 5th

Undertaker, H Briesler

Place of Business, Hanover St 81

J C Bunch *M. D.*
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 3705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 2 Jany. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Amelia Berry

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years.

Place of Death, {Give street and number} 70 N. Wolf St.

Cause of Death, First, (Primary,) Cardiac Dropsy (Pericarditis with Effusion)

Second, (Immediate,) Syncope

Duration of last Sickness, a few hours - but has complained for a couple of months.

All the above information should be furnished by the Physician.

Place of Burial, H. Hollanders Co.

Date of Burial, Jan. 4th '80

B. Leonard *M. D.*
Medical Attendant.

Undertaker, M. Frazer

Place of Business, 280 Caston ave

Address, 26 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 87110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Jones

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 5 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 309 Light Street

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Jan 5th 1880

Undertaker, Armstrong & Demp

Place of Business, 263 Eighth

J. D. O. Harrington M. D.
Medical Attendant.

Address, 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37111

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carraher

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 22 Neighbor St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Disease of Liver

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, No Cathedral Cemetery

Date of Burial, Jan 4th 1880

Undertaker, James P Byrne

Place of Business, No 63 N Front St *Address,* 166 E Eager St

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 3712

OFFICE OF REGISTRAR OF VIT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Duff.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color Col

~~Sex.~~

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Whitewasher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 136 Rivard

Cause of Death, First (Primary,) Diffuse tuberculous Abscess

Second (Immediate,) Exhaustion.

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 5th. 1880

Jno. S. Gray. *M. D.*
Medical Attendant.

Undertaker, John C. Gordon

Place of Business, No 63 Park Ave *Address* Park Ave & Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

Permit No. 87113

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dr Gough his last attendant is reports to be out of the city. January 3. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Gilbert

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 35 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 366 W Lombard st

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Consumption

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Bryn Mawr

Date of Burial, Jan 5 1880

Undertaker, J H Loane

Place of Business, Baltimore *Address,* 55 N Green St

In the absence of Dr Gough I give the family this certificate because I know of his consumption

Wm M Kemp M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo.

OFFICE OF REGISTRAR OF VITAL S.

Permit No. 37114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bell Funk

~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 11 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 607 Pennsylvania Ave

Cause of Death, First, (Primary,) Laryngeal Diphtheria

Second, (Immediate,) Paralysis

Duration of last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 4

Undertaker, Gott Bliyard

Place of Business, 187 Penna ave

Emma C. Stern M. D.
Medical Attendant.

Address, 183 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL [illegible]

Permit No. 3715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 4 1880 BALTIMORE, C

CERTIFICATE OF DEATH.

Date of Death, Jan 1 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F Warfield

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 10 *Years,* 6 *Months,* 8 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 200 Raborg

Cause of Death, First, (Primary,) Dont know

Second, (Immediate,) Dont know

Duration of last Sickness, 2 1/2 hours

All the above information should be furnished by the Physician.

Saw her first time after death -

Place of Burial, Laurel Cemetery

Date of Burial, Jan 4 1880

Thomas Opie M. D.

~~Medical Attendant.~~

Undertaker, C W Chase

Place of Business, No 1980 Hanover

Address, 557 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37116

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, d... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 4 1880 BALTIMORE.

Date of Death, Saturday January 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ursala F. Chrumer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow.

Occupation, Midwife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 7 Forest Place

Drumm...

Cause of Death First, (Primary,) Typhoid Condition Asthma

Second, (Immediate,)

Duration of last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial. Jan 5th 1880

Undertaker, H. W. Mears

Place of Business, 45 N Gay St *Address,* 25½ Greenmount Ave.

Wilmer Brinton *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childreu.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37117

OFFICE OF REGISTRAR OF VI

The Physician who attended any person in a last illness is responsible for the presentation of this Cert
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death o
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor C. McGee

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 302 West Lombard St.

Cause of Death {First, (Primary,) D

{Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jany 5th 1880

Undertaker, Delany & Mitchell

Place of Business, 550 W Fayette St

Thomas Shearer M. D.
Medical Attendant.

Address, 97 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 37118

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice M. Douglas

Sex, Male or Female, {cross out the word not required in this line.}

Age, 12 *Years,* 2 *Months,* 11 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 407 E. Chase St.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Hill

Date of Burial, Jan 6th

Undertaker, Conrad Hunter

Place of Business, [illegible]

[illegible] White, M. D.
Medical Attendant.

Address, [illegible] Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37119

OFFICE OF REGISTRAR OF VITA

"The Physician who attended any person in a last illness is responsible for the presentation of this Certifica... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Sorrell

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, Thirty *Years,* Nine *Months,* —— *Days.*

Color, Colored

Married, ~~Single~~ ~~Widow or~~ ~~Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Thirty Years & Nine Months

Place of Death, {Give street and number} No 222 Preston St.

Cause of Death, First, (Primary.) Uterus Abscess of.

Second, (Immediate,)

Duration of last Sickness, Six Months to 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany. 5th 1880

Undertaker, Wm H Bishop Jr.

Place of Business, 97 Druid Hill Ave.

J. Yingling M. D.
Medical Attendant.

Address, 25 George St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37129

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certi
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death o
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ira L. Holden

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 17 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Hamp. N. H.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 91 Mc Elderry st

Cause of Death { First, (Primary,) Croup
Second, (Immediate,) Asthenia

Duration of last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 7th Jany 1880

Undertaker, H W Justis for

Place of Business, 16 Light St.

John Dickson M. D.
Medical Attendant.

Address, 261 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 37121

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 5 1880 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred Alexander Wilson

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 66 Sarah Ann St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Pneumonia

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 6th 1880

James A. Steuart M. D.

~~Medical Attendant.~~

Undertaker, Saml W. Chase

Place of Business, Howard St

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

Board of Health, City of Baltimo

Permit No. 37125

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificat... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 4th January 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Luise Laue

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 62 *Years,* 9 *Months,* — *Days.*

Color, white

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Osnabruck, Prussia, Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} E. Hunt Street 243.

Cause of Death, First, (Primary,) Apoplexia nervosa, Coelbi

Second, (Immediate,)

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 6 1880

William Henrici M. D.
Medical Attendant.

Undertaker, H. M. Liebmeyer

Place of Business,

Address, S. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltim

Permit No. 37123

OFFICE OF REGISTRAR OF VI

The Physician who attended any person in a last illness is responsible for the presentation of this Ce
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Moses Neumann

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ~~60~~ 70 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Furniture Dealer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, { Give street and number } 234 E Chases St

Cause of Death, { First, (Primary,) 1 / Second, (Immediate,) Phthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Janar 5th 1880

Theodore Cook M. D.
Medical Attendant.

Undertaker, Wm. Eilau

Place of Business, 101 Gough St | *Address,* 146 Chauncy St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 9712 f

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Yates

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X Y

Occupation, X X Y

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 119 Eden

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Street Cemetery

Date of Burial, January 6 1880

Undertaker, H. Sargent

Place of Business, 81 Lough st

James E. Emerick M. D.
Medical Attendant.

Address, 199 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 3[illegible]25.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 4th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel E. Conway

Sex, Male ~~or Female.~~ {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 113 N Carolina st

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 5th 1880

Undertaker, Theodore F Locke

Place of Business, [illegible]erson

Wm L Russell M.D.
Medical Attendant.

Address, Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Lupton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* 22 *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick Layer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number} 17 E Johnson [illegible]

Cause of Death, First, (Primary,) Pthisis

Second, (Immediate,) Liver (2)

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Woodmans Cemetery

Date of Burial, January 6 [illegible]

Undertaker, Joseph B Burke

Place of Business, 107 West Pratt

D. L. [illegible] M. D.
Medical Attendant.

Address, 37 John Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Elizabeth Hopkins

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, Seventeen *Years,* Five *Months,* Twenty *Days.*

Color, colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Seventeen years

Place of Death, { Give street and number } 1 Chas Street Block

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 7th 1880

M. D.
Medical Attendant.

Undertaker, Thos J Lochrs

Place of Business, 73 Jefferson *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Genevieve Conway

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 4 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the ~~City of Baltimore~~, Institution 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Tuberculous Meningitis,

Second, (Immediate,) Spasm

Duration of last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 7. 1880.

Mortimer Brewer M. D.
Medical Attendant.

Undertaker, Jos Bramigan

Place of Business, 156 Division St. *Address,* 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37129

OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Offenhauser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Eighty ~~Six~~ Six *Years,* One *Months,* twenty one *Days.*

Color, White *Sex,*

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, {Give street and number.} 293 Canton Avenue

Cause of Death, First (Primary,) General Debility

Second (Immediate,) Old age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemtry

Date of Burial, Jan 6th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av.

H. Schwartz. *M. D.*
Medical Attendant.

Address 44 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 37130

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 4

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry J. Shiar

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 3 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 2 – 3

Place of Death, { Give street and number } 4 ft Abel's alley

Cause of Death { First, (Primary,) Croup / Second, (Immediate,) Nervous fever

Duration of last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Jan 5

Undertaker, Funk

Place of Business, 4 ft Eutaw

R. A. Gwinn *M. D.*
Medical Attendant.

Address, 213 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37131

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4.25 A.M. January 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Frock

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 4 *Months,* 28 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carrol County Maryland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} 481 W. Fayette St

Cause of Death, {First (Primary,) Typhoid Fever / Second (Immediate,) Nervous prostration

Duration of Last Sickness, 35 days

All the above information should be furnished by the Physician.

Place of Burial, Westminister Md. by Western M R R

Date of Burial, Jan 5th 1880

Undertaker, Jos B Crook

Place of Business No 707 W Baltimore Street

Charles H. Thomas M. D.
Medical Attendant.

Address 85. E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Trans 6628

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bowen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~ Years, 6 Months, ~~ Days.

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 248 Cross St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Wash. St Cem'y

Date of Burial, Jan 6 1880

Undertaker, Jacob Davis

Place of Business, Lee St

Jam A Steuart M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Hannan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 87 *Years,* 7 *Months,* 27 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B. Co. Ire.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} 41 North Arch St.

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Debility

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 6th 1880 J. R. Uhler **M. D.**

Medical Attendant.

Undertaker, R. McInnis

Place of Business, 1092 N. Howard *Address* 234 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 37134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

Date of Death, January 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes C. Armstrong

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 103 N Monument St

Cause of Death First, (Primary,) Malignant tumor

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 6th 1879

Chas C Lemmon M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No~~ 3715

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5. 1879.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida A. Amos.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, W.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 222 N. Wolf St.

Cause of Death, {First (Primary,) Puerperal Peritonitis. Second (Immediate,)}

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 6th/80

Undertaker, Geo Schilling

Place of Business,

L. C. Gordon, M. D.
Medical Attendant.

Address 311 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37136 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Gallagher

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Forty Two *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Peddler

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Donegal Pa

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, { Give street and number } 1086 N. Front St

Cause of Death { First, (Primary,) Hemorrhage of the Stomach, Second, (Immediate,) Bowels,

Duration of last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial Jan 6th 1880

Undertaker, Jas P Byrne

Place of Business, Front St

Applicate *M. D.*
Medical Attendant.

Address, 103 N Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amos Flemming,

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 78 Years, (born in 1802) Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Shoe Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Prussia — Europe

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and number } S.E. Cor Lawrence & Pennsa Ave.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis — Bi Lateral, with considerable interference to Deglutition & Respiration —

Duration of last Sickness, 24 hours —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 7

Undertaker, Wilson Gamble

Place of Business, [redacted] W. Balto

W. J. Pickett, M. D.
Medical Attendant.

Address, 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 37138

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 57 & Paca St

Cause of Death, First (Primary,) Old Stricture of Urethra

Second (Immediate,) Asthenia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. Alan I. Smith M. D.

Date of Burial, Jan 7th 1880 Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 46 & Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No Permit for Burial

CERTIFICATE OF DEATH.

A-37139

Date of Death, January 2nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Landers

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 Years, 5 Months,

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baltimore.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number} 57 North Street

Cause of Death, First, (Primary.) Scarlet Fever.

Second, (Immediate.) Diphtheritic Croup. 6 Days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 6th 1880

Undertaker, Jas. O'Byrne

Place of Business, 63 Hunt

Edwd. P. Mendenhall Medical

Address, 187 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Herbert Perk[illegible]

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} Male

Age, ——— *Years,* [illegible] *Months,* 2 7 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 378 Lexington St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) " "

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet cemetary

Date of Burial, Jan 6th 1880

Thomas Opie M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 330 W. Fayette St *Address,* 681 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 37141 — OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Riley

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 34 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Sailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } City Hospital

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) Asthenia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 6th 1880

Undertaker, Patrick Tuelle

Place of Business, ...

David Sheett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

Date of Death, January 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Collent

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33

Place of Death, {Give street and number} 141 German

Cause of Death, First, (Primary.) Chronic Hepatitis

Second, (Immediate.) Jaundice

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, Janar 6th 1880

Undertaker, Wm Eilam

Place of Business, 101 Gough St

L T Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37143

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles E. Cowling

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. } .....

Age, ... *Years,* Fourteen *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 6th 1880

Undertaker, H. Schuetheis

Place of Business, E. Monument St. *Address,* 600 N. Broadway

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 37464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 5th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Roger Connell

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 1 Yr

Place of Death, { Give street and number } 302 E. Chase

Cause of Death { First, (Primary,) Cerebral Irritation

{ Second, (Immediate,) Convulsions

Duration of last Sickness, 6 Hours

All the above information should be furnished by the Physician.

Place of Burial, Lacetopaxis Cemetry

Date of Burial, January 6

Undertaker, B. J. Hart

Place of Business, 411 Light St. *Address,* 313 Light St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Wallis Sexton

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* 1 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 543 Lexington st

Cause of Death, { First, (Primary,) Scarlatina Anginosa / Second, (Immediate,) Uraemia

Duration of last Sickness, Total 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 7th Janry. 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

A. N. Sexton M. D.
with
C. H. Jones. M. D.
Medical Attendant.

Address, 543 Lexington st & 17 Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 37146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

Date of Death, Jan, 5th 1880 12, M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Hanley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give street and number} 37 E. Monument St.

Cause of Death { First, (Primary,) Rheumatic Pulmonalis
Second, (Immediate,)

Duration of last Sickness, Some Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 7th 80

Undertaker, Geo Schilling

Place of Business,

A Gregg Shertzer Md M. D.
Medical Attendant.

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 3714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Virginia Mace

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 150 N. Eden st.

Cause of Death, First (Primary,) Gastro Enterric Fever

Second (Immediate,) ~~Typhoid~~.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 8th 1880

Undertaker, J. F. Bennett & Co

Place of Business, 6 Asquith st

John H. Conner M. D.
Medical Attendant.

Address 14 Asquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Hendrickson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 66 *Years,* ..... *Months,* ..... *Days.*

HEALTH DEPARTMENT JAN 1880 BALTIMORE

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number} 1 E. Durham Street

Cause of Death, First, (Primary,) Valvular Heart disease

Second, (Immediate,) Dropsy

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, January 8th

Undertaker, Franklin Davis

Place of Business, Bond & 151

Chas E. Emerick *M. D.*
Medical Attendant.

Address, 194 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 37169

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday January 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burkhard Boos

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 49 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clothing cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 116 N Carlton St

Cause of Death, First, (Primary,) Vesicular Erysipelas

Second, (Immediate,) Asphyxia

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 7 1880

Undertaker, J. L. Lemmon

Place of Business, 1 Orchard

H. H. Selbin M. D.
Medical Attendant.

Address, 810 E Eager Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6 / 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bentz Jr Luther

HEALTH DEPARTMENT JAN 1880 BALTIMORE

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 47 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Teamster.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 5 Caustin

Cause of Death, First, (Primary,) Aneurism of the Aorta (apparently the cause)

Second, (Immediate,) Traumatic Peritonitis

Duration of last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 7 82

Edwd. P. Mudd M. D.
Medical Attendant.

Undertaker, Fry & Son

Place of Business, 341 W Baltimore *Address,* 137 E Eager. 26

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37157

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN. [illegible] 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E Jackson

HEALTH DEPARTMENT JAN. 6 1880 BALTIMORE

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 8 *Months,* [illegible] *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 84 Mulberry st

Cause of Death, First (Primary,) Pseudo Membranous Croup

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, January 6th "

Undertaker, Charles A White

Place of Business, 55 Granby st

Thomas J. Evans M.D.

Medical Attendant.

Address, [illegible] Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

Date of Death, January 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Edith Smith

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE

Age, 7 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Iowa

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 140 N. Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Meningitis - Tubercular

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 7th 1880

Undertaker, Wm Mears

Place of Business, 202 N Eutaw St

H. Keller, *M. D.*
Medical Attendant.

Address, 87 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37153 ~~4~~ 37153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Frederick

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE

Age, 50 *Years,* — *Months,* *Days.*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany, 25 years in USA

Duration of Residence in the City of Baltimore, 25 years —

Place of Death, {Give street and number.} 29 S. Central Ave.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Exhaustion,

Duration of Last Sickness, 4 months —

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan 7 1880

Undertaker, H. Hoeck

Place of Business Central ave

Irving Miller M. D.
Medical Attendant.

Address 1792 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37154 # 37154

The Physician who attended any person in a last illness is responsible for the presentation of this Certifi... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE

Date of Death, January 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gerhart Havemeyer

Sex, Male or Female, {cross out the word not required in this line.}

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE

Age, 35 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover (Germany) 12 years

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 196 Columbia Avenue

Cause of Death { First, (Primary,) ... Second, (Immediate,) Typhoid Pneumonia

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Lowndes pt.

Date of Burial, Jan. 8th 1880

D. P. Hoffman M. D.
Medical Attendant.

{ *Undertaker,* Th. J. Dill
{ *Place of Business,* 183 Columbia *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF V[illegible]

Permit No. 37155

The Physician who attended any person in a last illness is responsible for the presentation of this Certific[illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nathalie Fleury

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 65 *Years,* 11 *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow ~~or Widower~~,* { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Louisiana

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, { Give street and number } 48 N Caroline st

Cause of Death { First, (Primary,) Probably from heart disease. / Second, (Immediate,) Sudden death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bona Bray

Date of Burial, Jan 7

Undertaker, C W Blizzard

Place of Business, 197 Pine

R. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 37158

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certific
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of s
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 6 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Earley

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE.

Sex, Male or Female, { cross out the word not required in this line. }

Age, Forty nine *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, Nearly all her life

Place of Death, { Give street and number } 211 Conway.

Cause of Death { First, (Primary,) Catarrhus Senilis
Second, (Immediate,) Asthenia

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Jan 8th 1880

Undertaker, F. Lewis Schafer

Place of Business, 109 N Fremont

Mot Quinan *M. D.*
Medical Attendant,

Address, 680 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 3715 7

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALLEGHENY CEMETERY JAN 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kelly

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 30 Covington

Cause of Death, {First, (Primary,) Scarlatina / Second, (Immediate,) Diphtheria

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 8 1880

Herbert Booth M. D.
Medical Attendant.

Undertaker, Amelung & Denig

Place of Business, No 2 E Lexington *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OFFICE OF REGISTRAR OF VI

Permit No. 37158

The Physician who attended any person in a last illness is responsible for the presentation of this Certi... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Elizabeth Miller

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 30 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Clarke ct

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,) 1 Year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 8th Jan 1880

Undertaker, Wm Weaver

Place of Business, No 202 E. Eutaw St

Geo. W. Benson M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITA

HEALTH DEPT JAN 12 1880 BALTIMORE

Permit No. 37159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Lavery

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 30 years

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 223 S. Wolf St

Cause of Death, First, (Primary,)

Second, (Immediate,) General Dropsy

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 8th 1880

Undertaker, Jas P. Byrne

Place of Business, Front St

James A Steuart M. D.

~~Maryland~~

Address, Comm'r of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Exam'd – E. Wimmer [OVER.]

Permit No. 37760

OFFICE OF REGISTRAR OF VI

The Physician who attended any person in a last illness is responsible for the presentation of this Certi[ficate] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of [the] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALL OF RECORDS DEPARTMENT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Peters

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 221 N. Eutaw

Cause of Death, First, (Primary,) Insanity

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan 7th 1880

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave

J. W. Miller, M. D.
Medical Attendant.

Address 221 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 37161

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Dill

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* ~ *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Natin

Place of Death, {Give street and number} 117 Sarah Ann St

Cause of Death, First, (Primary,) Diphtheria (illegible)

Second, (Immediate,)

Duration of last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany. 7th 1880

Undertaker, Wm. J. C. Dulany & Co.

Place of Business, 97 North Howard St.

H. H. Adkins M. D.
Medical Attendant.

Address, 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37162

OFFICE OF REGISTRAR OF VIT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Dils

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Natives

Place of Death, {Give street and number} 117 North Harrell

Cause of Death, First, (Primary,) Diphtheria Malignous

Second, (Immediate,)

Duration of last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th 1880

Undertaker, Wm H Zeiler Jr

Place of Business, 97 North Eutaw

G G Ashman M. D.
Medical Attendant.

Address, 192 Park Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 37163

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Reese

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 21 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} N. 656 Light St

Cause of Death, First, (Primary,) Pulmonary Phthisis.

Second, (Immediate,) Cachexia

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, January 8th 1880

Henry Lalzer M. D.
Medical Attendant.

Undertaker, Mr. Herbe

Place of Business, Light St. near West

Address, 163 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 37164

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1880.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Strandt

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 61 *Years,* 8 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Milk Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} German

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} No 62 West Road or N. Av.

Cause of Death, First, (Primary,) Typhoid Malaria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, January 6 1880

C. L. Goddenbow M. D.
Medical Attendant.

Undertaker, Andrew Strell

Place of Business, 206 Columbia Av. *Address,* 166 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 37165

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *ac* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} William Henry Garrett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 8 *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oyster-shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 119 N. Durham st

Cause of Death, First (Primary.)

Second (Immediate.) Congestion of the brain

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grove

Date of Burial, Jan 7th 1879

Undertaker, Thos J Locke

Place of Business, 73 Jefferson st.

Wm N. Still M. D.
Medical Attendant.

Address 319 N. Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER;

Board of Health, City of Baltimor

Permit No. 37166

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Black

Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md U S A

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 191 West St

Cause of Death, First, (Primary,) 1

Second, (Immediate,) Phthisis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, ~~December~~ January 7 1880

Undertaker, A. Ruff

Place of Business, No 95 Conway

Howard Cordell M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimo

Permit No. 37167

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Capt. Thomas H. Williams

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Fifty five *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Mariner

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, Fifty five years

Place of Death, { Give street and number } 1 to 23 South Potomac Pier Point

Cause of Death, First, (Primary,) Supposed cardiac

Second, (Immediate,) Syncope disease of the kidneys

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 7, 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Wm. H. Taylor M. D.
Medical Attendant.

Address, Broadway & Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltim

Permit No. 37168

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Freeman

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 70 years as supposed

Place of Death, {Give street and number} 1 Halls Alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Hemorrhages

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Jan 7 1880

Undertaker, Patrick Mullin

Place of Business, P P ave

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined C. Coleman

OVER.

Permit No. 37169

OFFICE OF REGISTRAR OF VIT

The Physician who attended any person in a last illness is responsible for the presentation of this Certi... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 6 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Henson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 17 Shuter St.

Cause of Death {First, (Primary,) Pseudo membranous Croup

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cem'y

Date of Burial, Jan 8th 1880

E Hall Ruddle M. D.
Medical Attendant.

Undertaker, A. O. R. Randall

Place of Business, Ann St

Address, 151 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37170

OFFICE OF REGISTRAR OF VI

The Physician who attended any person in a last illness is responsible for the presentation of this Cer
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death o
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HA[illegible] 1880 BALTIMORE. MD.

CERTIFICATE OF DEATH.

Date of Death, Jan? 7. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno L. M. Murphy

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 10 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 3 N. Eutaw St.

Cause of Death { First, (Primary,) ... Convulsions
Second, (Immediate,) ...

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 7th 1880

Undertaker, James D Byrne

Place of Business, 163 N. Front St *Address,* 75 E. Balt. St.

J. W. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37171

OFFICE OF REGISTRAR OF VI

The Physician who attended any person in a last illness is responsible for the presentation of this Certifi... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Cassidy

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Greenmount Ave & Monument

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, January 7th

F. E. Chatard Jr **M. D.**
Medical Attendant,

Undertaker, H. C. Wiedefeld

Place of Business, 7a Greenmount Av *Address,* 114 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No: 37174

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT BALTIMORE, MD. JAN 7 1880

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Martin Samuel

Sex, Male or Female, { cross out the word not required in this line. } [illegible]

Age, 4 *Years,* [illegible] *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, Labourer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number } 321 Dallas St near N. St Paul St

Cause of Death, { First, (Primary,) Fracture of the Skull from a fall from a pavement to the [illegible] of the [illegible] Second, (Immediate,) Extravasation of blood on the brain

Duration of last Sickness, 1½ hrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, January 8 1880

[illegible] M. D.
Medical Attendant.

Undertaker, Henry Hook

Place of Business, 369 N. Eutaw *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37173

OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JAN 7 1880 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 7/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Hogswell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 74 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co. Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 475 Franklin

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 9th 1880

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore Street

Thomas O'Sie M. D.
Medical Attendant.

Address, 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 37174

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Sockett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~or~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bath City

Duration of Residence in the City of Baltimore, 62 Years

Place of Death, {Give street and number} 535 W. Lombard

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Jan 7th 1880

Undertaker, Wm. B Cook

Place of Business, No 707 W Baltimore street

John Duff M. D.
Medical Attendant.

Address, 515 W Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37175

OFFICE OF REGISTRAR OF VIT

The Physician who attended any person in a last illness is responsible for the presentation of this Certifica
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said
sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 7 1880 BALTIMORE

Date of Death, Jan 5 th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edwards Gittemeier

Sex, Male or Female, { cross out the word not required in this line. } M

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number } 119 Lemmon st

Cause of Death { First, (Primary,) Scarlatina

, { Second, (Immediate,) Spasmodic

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Lebanon Cemetery

Date of Burial, January 7

{ *Undertaker,* F Black

{ *Place of Business,* 702 West Balto

Saml Endslow M. D.
Medical Attendant.

Address, 5 S E Wilkens st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Amelia Tibbals

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 4 *Years,* ——— *Months,* 14 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 204 Aisquith st

Cause of Death {First, (Primary,) Scarlet fever

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial,

Undertaker, C. A. Bluzgon

Place of Business,

I Hamm M. D.
Medical Attendant.

Address, 26 Aisquith st

Extract from Regulations of the ~~Board of Health~~ to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Roemer

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 70 *Years,* 8 *Months,* 13 *Days*

Color,

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 64 years

Place of Death, {Give street and number.} 97 Pierce St.

Cause of Death, {First (Primary,) Old age

Second (Immediate,) General Debility,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Jany 8

Undertaker, John Teufel

Place of Business, 796 W. Balto. St

A. Hilbrand M.D.
Medical Attendant.

Address, 137 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Wallace Payne.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, One Years, ~~Five~~ 4 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, All of life.

Place of Death, {Give street and number} 8 5th Gilmor St.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) do

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Jany 9th 1880

Undertaker, Deuby and Mitchell

Place of Business, 530 W Fayette St

A. E. Fox M. D.
Medical Attendant.

Address, Cor Fayette & Schroeder Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 5th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Cole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about ~~60 or 65~~ *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laboring man

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} No 9 Richard St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) pulmonary Consumption

Duration of Last Sickness, eight or ten months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan 7 1880

Undertaker, J. F. Wehage

Place of Business, No 9 Hanover St

Edwd. H. White M. D.
Medical Attendant.

Address 109 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 6 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Cadd

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* ... *Months,* ... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland. Has lived here

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 98 Camden Ext

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Asthenia.

Duration of last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8 1880

Undertaker, H H Chase

Place of Business, No 198 Howard

F. C. Bonn M. D.
Medical Attendant.

Address, 206 Camden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Belsey Callaghan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Seventy nine *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Dem Stress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co. Maryland

Duration of Residence in the City of Baltimore, Fifteen yrs

Place of Death, {Give street and number} 125 Iceland Alley

Cause of Death First, (Primary,) Rheumatism & Paralysis

Second, (Immediate,) Hemplothrap

Duration of last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 7 1880

Undertaker, S W Chase

Place of Business, No 198 Howard St

L. D. Dyer *M. D.*
Medical Attendant.

Address, 146 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 4 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Laurence Talbot

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 5 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundle Co Md

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} # 84 Pitcher Al

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 7 1880

Undertaker, W M Chase

Place of Business, No. 198 Seward st

A. K. Ransone M. D.
Medical Attendant.

Address # 379 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Virginia Turner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* 10 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} East 21 near of No 59

Cause of Death, First, (Primary,) Cerebritis

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8th 1880

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, J. Hyman

Place of Business, 1013 Orleans St. *Address,* 124 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE

Date of Death, Jan 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Roach - Kate J. Roach (Ann M. Roach)

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 10 Norris St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 10 Norris St

Cause of Death First, (Primary,) Natural causes

Second, (Immediate,) Trismus Nascentium

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 9th 1880

Undertaker, J. B. Cook

Place of Business, W. Pall St *Address,* 175 Paratoga St.

W P Morgan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 37185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Black

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 4 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——————

Occupation, ——————

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Eager & near North

Cause of Death, {First (Primary,) ..... Second (Immediate,)} Oedema Pulmonorum

Duration of Last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Dr. Thos. S. Latimer M.D.
Medical Attendant.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 9/80

Undertaker, A. Merwin & Son

Place of Business, 97 N. Howard St

Address. 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Margaretha Hannemann

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ——— *Years,* ——— *Months,* Four (7) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } Cor Eastern Ave & Bloomfield St

Cause of Death, First, (Primary,) Poorly developed child born at full

Second, (Immediate,) Prem. / Jaundice & umbilical ulceration

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, Jan 8th 1880

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

Dr Selous M. D.
Medical Attendant.

Address, Cor Eastern Ave & Bowleys Lane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...Health of the City of Baltimore,

Permit No. 37187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hose

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} Male

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington Co Md

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number} 818 Pratt St (W)

Cause of Death, First, (Primary,) Morbus Brightii

Second, (Immediate,) ..... "

Duration of last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md by Western M R R

Date of Burial, Jan 8th 1880

Undertaker, Wm. H. Cook

Place of Business, No 707 W. Baltimore Street

Thomas Ofsie M. D.
Medical Attendant.

Address, 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1630 Bank

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Trautner

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 13 *Years,* 6 *Months,* ——— *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 25 St. James St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Jan 9 1880

Undertaker, Henry Hoeck

Place of Business, Central Ave

James Hall M. D.

~~Medical Attendant.~~

Address, Comm of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Douglass

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give street and number.} 44 Rear Willow St.

Cause of Death, {First (Primary,) Pneumonitis

Second (Immediate,) .....

Duration of Last Sickness, About 1 week

All the above Information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, January 8th 1880

Undertaker, Wm. Samuel Gray

Place of Business, 65 Martin Pl

Eldridge C. Lee M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Dec 31st 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Schmidt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Forty Five *Years,* Six *Months,* Twenty three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 81 N. Conway near Fremont

Cause of Death, {First, (Primary,) Pulmonary Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Jany 10th 1880

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 420 W Baltimore St

L. G. Littlepage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37191

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert B. Eckels.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 236 Hanover St.

Cause of Death First, (Primary,) Burned or Scalded on 30th Dec.

Second, (Immediate,) Died from effects of Burn.

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Jan. 10th/80

Undertaker, Wm. J. Tilden

Place of Business, 65 S. Eutaw

R. J. H. Tull M. D.
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Semple

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Two *Years,* One *Months,* Thirteen *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 104 Eutaw St. (W)

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Decem Jan 8 1880

J. Tyler Smith M. D.
Medical Attendant.

Undertaker, R. J. Ross

Place of Business, No 95 Conway st *Address,* 231 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37193 #37193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 10 Jan. 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Henry~~ Wilhelmina Schrader

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 2 *Years,* 5 *Months,* 0 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 53 Liberty St.

Cause of Death, { First (Primary,) Pneumonia / Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 9th Jan

Dr. H. Heidmann M. D.
Medical Attendant.

{ *Undertaker* F. N. Groll
{ *Place of Business,* #131 Hanover St *Address* 120 Saratoga St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Stewart

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ~ *Years,* ~ *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 5 Necessity Alley Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 14 N Appleton St

Cause of Death, First, (Primary,) Debility &c. Born Syphilitic

Second, (Immediate,)

Duration of last Sickness, Congenital

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 9th 1880 D W Cathell M. D.

Medical Attendant.

Undertaker, J. N. Toll

Place of Business, 131 Hanover St *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37195

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosella B Bastianelli

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Forty one *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Dress Maker

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 25 — Granby St. —

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Apnoea

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Jany 10th 1880

G. L. Britton M. D.
Medical Attendant.

Undertaker, D. H. Myer

Place of Business, 12 W. Balto St. *Address,* 32 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann. Bond

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 29 N. Exeter St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) 9 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 10 1880

Edward P. Mendenhall M. D.
Medical Attendant.

Undertaker, P. Kummerle

Place of Business, Mulberry St. *Address,* 127 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Effie C. Suter

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 817 William St

Cause of Death, First, (Primary.) Pericarditis & Congestion of Lungs

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 9th 1880

Undertaker, Jos. B. Lash

Place of Business, No 787 W. Baltimore Street

Augustus N. Dodge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Eddy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Seven *Days.*

Color, Mulatto *Sex,* ____

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 178 Pearl st.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} No. 178 Pearl st.

Cause of Death, {First (Primary,) Debility-
Second (Immediate,) Colic - & Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Dr. F. B. Gardner M.D.

Date of Burial, Jan 9 1880 *Medical Attendant.*

Undertaker, Hercules Ross *Address* 120 N. Greene st.

Place of Business, No 95 Conway st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7 1890.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josie V. Chaney

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West River Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} 262 Landsdale St

Cause of Death First, (Primary,) Consumption of Lungs.

Second, (Immediate,) Asthenia

Duration of last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, Frederick Cyt MD

Date of Burial, 9 Jan

Undertaker, J J Wilhelmen

Place of Business, 341 Penn ave *Address,* 16 Edmondson Ave

John T. Kemp *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 663

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Richards

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County Maryland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} 361 Mulberry ave

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) 2 years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Jany 10th 1880

Undertaker, John Meacher

Place of Business, Park & Fayette Sts *Address,*

D. P. Hoffman *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie S. Wilson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 10 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 90 Barre

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 12 days-

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 9

Undertaker, C H Blizzard

Place of Business, 197 Pratt

D Gillespie M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 37202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

Date of Death, Jan 7. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emeline Perry

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Seventy three *Years,* Six *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Exeter. Rhode Island.

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number.} 130 Townsend st

Cause of Death, First (Primary,) Pneumonites

Second (Immediate,) Apnoea with Asthenia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 9 [redacted] Blizzard

Undertaker, [redacted]

Place of Business, 177 Bo

Address 178 Penna Ave

J. H. Daugherty M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3/203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Edwards

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 42 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} 22 Wayne St

Cause of Death, {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 10 1880

Undertaker, S W Chase

Place of Business, 86 1/2 84 Howard

J A Gwinn *M.D.*
Medical Attendant.

Address, 152 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3720[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Aubrey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty six *Years,* —— *Months,* —— *Days.*

Color, Mulatto *Sex,* ——

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Forty Six years

Place of Death, {Give street and number.} No. 184 Peare st.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Debility and wasting

Duration of Last Sickness, Three Months.

All the above information should be furnished by the Physician.

Place of Burial, Mark Cemetery F. B. Gardner M. D.

Date of Burial, Jan. 10 1880 Medical Attendant.

Undertaker, S. H. Case

Place of Business, 86 198 Ward *Address* 120 W. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Lawrence Boyce

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 6 *Weeks* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Brest Ireland

Duration of Residence in the ~~City of Baltimore~~, Institution 16 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 9th 1880

Mahony Brewer M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front St *Address,* 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. AND be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McConnell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Clare Ireland

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} Corner Old New York Avenue

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan. 9, 1880

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Wm. H. Stokes M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 5 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jean Salanis

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Sicily

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number} Church Home, Infirmary N. Broadway

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Jan. 10. 1880

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

T. B. Davis M. D.

Medical Attendant.

Address, Church Home Infirmary N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible] of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

Date of Death, Jan. 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Riebel

Sex, Male or Female, {cross out the word not required in this line.}

Age, ___ *Years,* ___ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 94 S. Registers

Cause of Death { First, (Primary,) Trismus Nascentium
Second, (Immediate,)

Duration of last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemtry

Date of Burial, Jan 10th

Undertaker, H. Lochlein

Place of Business, 246 Eastern Av

Aug. F. Esch *M. D.*
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Edward Devlin

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ / Female

Age, 2 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 11 Raleigh St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, January 10th 1880

Undertaker, [illegible]

Place of Business, [illegible]

E. Jones Williams M. D.
Medical Attendant.

Address, 17 Raleigh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dan'l F. Bennett

~~Sex,~~ *Male* ~~or Female,~~ {cross out the word not required in this line.}

Age, 62 *Years,* 8 *Months* [redacted] *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Master Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Grisnold Conn

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 407 East Eager St

Cause of Death {First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 11th

Undertaker, Daniel Suter

Place of Business, 419 E Fayette st

J. H. Martin M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 37211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1886 BALTIMORE

Date of Death, ... 1886.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... 1886.

..... *M. D.*
Medical Attendant.

Undertaker, ...

Place of Business, ...

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

Date of Death, January 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry P. Sutor

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 71 *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Salesman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 141 Argyle Ave

Cause of Death First, (Primary,) Organic disease of heart

Second, (Immediate,) Paralysis of bowels

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, January 9th 1880

Undertaker, Wm Weaver

Place of Business, No 202 E Eutaw St

D. Christian M. D.
Medical Attendant.

Address, 431 Lemmon Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No. 1632

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1 1880 BALTIMORE

Date of Death, Jan. 7th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Gongal

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 45 yrs *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Heart Dis. Valv.,
Second, (Immediate,) Paralysis of Heart

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, U. E. S. Pub Cemetery

Date of Burial, Jan 9 1880

Undertaker, Fred A Kerchner

Place of Business, 50 S Carrollton Ave

T. B. Bruce M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 37214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susanna Gains

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* [redacted] *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 34 Vine St Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 34 Vine St

Cause of Death, {First (Primary,) Imperfect Circulation. Chronic heart Disease. Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Geo L. Brewer M. D.

Date of Burial, Jan 11 1880 Medical Attendant.

{*Undertaker,* Robert Gains *Address* 258 W Fayette St.
{*Place of Business,* 34 Vine St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

Date of Death, Jan 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A Lord

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ellsworth Maine

Duration of Residence in the City of Baltimore, 2 days

Place of Death, {Give street and number} Schooner Anna Maria Foot of Frederick St

Cause of Death { First, (Primary,) Heart Disease (from which
Second, (Immediate,) he had suffered for a long time.

Duration of last Sickness, sudden death

All the above Information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, January 8 1880

Undertaker, Patrick Mullin

Place of Business,

Edmund K Walker M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 9 1880 BALTIMORE

Date of Death, January 8. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther C. Cook

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, W. Lite.

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 161 St. Pauls St.

Cause of Death {First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 11th 1880

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St. *Address,* 43 E. Balt. St.

J. W. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 97217

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1890 BALTIMORE

Date of Death, Jan. 8, 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Michael

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 1 *Months,* 20 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6 S. Carrollton Av.

Cause of Death { First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, Jany 11th 1890

Undertaker, Delany & Mitchell

Place of Business, 550 W Lafayette Address,

John Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th January 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Schibble

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 206 N. Dallas St

Cause of Death, {First (Primary,) Diphtheritis

Second (Immediate,)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 11

{*Undertaker,* John Henning

Place of Business, 382 Columbus St

Hoffmeier M.D.
Medical Attendant.

Address, 57 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline A. Taylor,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bridgeport Conn.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 16 S. Giles St.

Cause of Death First, (Primary,) Neptune Brights

Second, (Immediate,) Unasarca

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, January 11th 1880

Undertaker, H. H. Gilmore

Place of Business, 1 Saratoga

H. H. Cook M. D.
Medical Attendant.

Address, Balt. & Mass. 25

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th January 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilie Rösler

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 36 *Years,* 7 *Months,* *Days.*

Color, white.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Rosel, Kingdom of Prussia.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number} 217. S. Bethel = near Lancaster Sts.

Cause of Death First, (Primary,) Epitheliacarcinom et ulcus fungosum under the right aem.

Second, (Immediate,) Pyaemie.

Duration of last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 10 January 1880

R. Smithor M. D.
Medical Attendant.

Undertaker, John C. Fluck

Place of Business, 265 Aliceanna Address, 121 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Hakesley

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} North Carolina 344

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 11th 1880

Undertaker, Wm. H. Richman

Place of Business, 294 N. Gay St

Geo H Wrightson M. D.
Medical Attendant.

Address, 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Permit No. 37222

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia S. Porter

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 7 *Months,* 7 *Days.*

Color, White

~~*Married,* *Single*~~, *Widow* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Providence R. I.

Duration of Residence in the City of Baltimore, About 35 years

Place of Death, {Give street and number.} 185 Forman St.

Cause of Death, First (Primary,) Tabular Insufficiency

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial,

Undertaker, Blackistion & Son

Place of Business,

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37223

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last-illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 9.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ars

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} N. W. Cor Shaw Mkt & Hanover alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cty

Date of Burial, Jany 11th 1880

Thomas Cott M. D.
Medical Attendant.

Undertaker, John Mackie,

Place of Business, Camden & Paca" *Address,* 266 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora E. Dickinson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 479 Lee St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, January 11th 1880

Thos Booth M. D.
Medical Attendant.

Undertaker, John Thacher

Place of Business, Thacher & Sechrist *Address,* 146 Eastern Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. AND be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th January 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Johnston

Sex, Male ~~or Female,~~ { Cross out the words not required in this line. }

Age, Forty-five *Years,* *Months,* *Days*

~~*Color,*~~ Colored.

Married, ~~Single, Widow or Widower;~~ { Cross out the words not required in this line. }

Occupation, Laborer.

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Unknown.

Duration of Residence in the City of Baltimore, Sixteen Years.

Place of Death, { Give street and number. } 11 Allen's Alley

Cause of Death, { First (Primary,) Chronic Bronchitis

Second (Immediate,)

Duration of Last Sickness, Nine Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 11. 1880

{ *Undertaker,* Charles A White

Place of Business, 35 Granby St

Alfred A. Page M.D.
Medical Attendant.

Address, 70 Eastern Avenue.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Burrill

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the words not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Jobber

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Richmond Va.

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number.} No 2 Crop Alley.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,) Abscess followed by Hemorrhage.

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 11th 1880

{*Undertaker,* D. H. & L. Green

{*Place of Business,* 45 Madison

H. Bolton M. D.
Medical Attendant.

Address, No 16 E. Liberty Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 7th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Etta Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, C *Sex,* F

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} US

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 Chestnut Ave

Cause of Death, {First (Primary,) I prescribe for this child Dec 18th for Scrofulosis. Never been at once. Second (Immediate,) mother says did not call in any one else, and it died from gradually getting worse from disease I prescribed for

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 10th 1889

Undertaker, Wm. Jas Gray

Place of Business, 65 Mulberry St

Irving Miller M. D.
Medical Attendant.

Address 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Williams

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color, Cd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Natur

Place of Death, {Give street and number} 20 Lessing Al

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) "

Duration of last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jany 9th 1880

Undertaker, Wm J Gray

Place of Business, 65 Mulberry

W H Atkinson M. D.
Medical Attendant.

Address, 192 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Sonnebon

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grocery Store Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26. Years

Place of Death, {Give street and number} 262. Hanover St

Cause of Death, First, (Primary.)

Second, (Immediate,) Bright's Disease of the Kidneys

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 11th

Medford Leas M. D.
Medical Attendant.

Undertaker, H Breil

Place of Business, Hanover St 81

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Sept.~~ Jan. 9, 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Edward~~ Otto Benner Arduer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 348 Sharp St

Cause of Death {First, (Primary,) Heart Disease, Cyanosis,
Second, (Immediate,) Suffering about 2 months

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 11th 1889

Undertaker, Julius Kochler

Place of Business, Sharp & Cross St. *Address,* 152 Sharp St.

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

REGISTRAR OF

Permit No. 37231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany — 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Burner

Sex, Male or ~~Female~~, {cross out the word not required in this line.} 10 Months, Days.

Age, 91 Years,

Color, white

~~Married, Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Real Estate agent

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, 85

Place of Death, {Give street and number} 77 Wasquilt St

Cause of Death { First, (Primary,) old age — Second, (Immediate,) Dropsy —

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 11th 80

Undertaker, Geo Schillaig

Place of Business,

J Glynn M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Th[illegible] for the presentation of this Certi[illegible]
out, to t[illegible]rial, within *twenty-four hours* after the death of said d[illegible]
sooner, if [illegible]

[illegible]RIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

37232

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

Date of Death, January 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwine Root

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 6 *Months,* 12 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 224 Ensor St

Cause of Death, {First (Primary,) Peritonitis

Second (Immediate,)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 11th/80

Undertaker, Geo Schilling

Place of Business,

Astronsohn M. D.
Medical Attendant.

Address 254 N. Carolina

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

Permit

The Phys[illegible] in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Under[illegible] superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

37233

CERTIFICATE OF DEATH.

Date of Death, January 9th / 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Tilman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Fourteen *Years,* Twenty five *Months,* *Days.*

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 122 Gist St

Cause of Death, First, (Primary,) Supposed to have been Phthisis Seen but once and no Examination Made

Second, (Immediate,) Said to have been three weeks

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11th 1880

Undertaker, Theodore G. Locke

Place of Business, 17 Jefferson

Whitefield Kinsey *M. D.*
Medical Attendant.

Address, 116 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Per[illegible]

The [illegible] out, to the [illegible] sooner, if re[illegible] [illegible]sible for the presentation of this Certi[illegible] [illegible]rial, within *twenty-four hours* after the death of said dec[illegible].

[illegible] BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

3-7234

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

Date of Death, January 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Wallace

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 82 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50

Place of Death, {Give street and number} No 210 Biddle

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Inanition

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 11th 1880

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

I, C. F. Burch M. D.
Medical Attendant.

Address, 161 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Perm

The [illegible] illness is responsible for the presentation of this Certificate, *accurately filled out*, to the [illegible] superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested under penalty of law.

37235 **NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1880 Sarah J.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Martha Martens

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Ann's Co Md

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number.} 122, Cathedral st

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, London Park C.

Date of Burial, Jan 11th 1880

Undertaker, J. B. Blackistone Hm

Place of Business, 606 W. Baltimore st.

James H Clemens M. D.
Medical Attendant.

Address 93 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permi[t] — OFFICE OF REGISTRAR OF VITAL STA[TISTICS]

The Ph[ysician] [or] [Pers]on in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Unde[rtaker] [or] [Pers]on superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

37236

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th of January 1890.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin J. Clark

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shirt-Cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life 25 years

Place of Death, {Give street and number} No 119 N Calvert St

Cause of Death, First, (Primary,) Endo-peri-Carditis

Second, (Immediate,) Effusion of serum in the pericardium

Duration of last Sickness, about 14 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 11th 1890

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St *Address,* 47 Franklin St

H P Newman Bibbins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Perm

The Ph[illegible] is responsible for the presentation of this Certificate, *acc*[illegible] *out*, to the Un[illegible] superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if request[illegible] penalty of law.

37237

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 10 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Gary Kincaft

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S. A

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 4 West Eager St

Cause of Death First, (Primary,) Congestion

Second, (Immediate,) Diphtheria

Duration of last Sickness, about 48 hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 11th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av

J. Ridgway Dudley M. D.
Medical Attendant.

Address, No 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVEP

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Perm

The Pl… out, to the Und… sooner, if requested so to do, under penalty of law.

…on in a last illness is responsible for the presentation of this Certificate, *accurately filled* …person superintending the burial, within *twenty-four hours* after the death of said deceased, or

OFFICE OF REGISTRAR OF VITAL ST…

37238

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1890 BALTIMORE

Date of Death, 9 January 1890.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Davis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} USA - Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 80 S. Spring St.

Cause of Death, First, (Primary,) Capillary Bronchitis followed by Oedema of Lungs.

Second, (Immediate,) Collapse after premature labor (7th mo.) though was threatened from ~~several days~~ ~~death~~ ~~sinking~~ ~~apnea~~ ~~asthenia~~.

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, [illegible] 1890

Undertaker, James P Byrne

Place of Business,

B. Howard M. D.

Medical Attendant.

Address, 26 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

Date of Death, Jan 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Spencer Bonaparte

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 17 *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 392 Lexington st

Cause of Death, First (Primary,) Meningitis - following Scarlatina

Second (Immediate,)

Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt C—

Date of Burial, Jan 11 - 1880

Undertaker, J. B. Blackiston & son

Place of Business, 606 Balt

J. L. Gilbrows M. D.
Medical Attendant.

Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 37240

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 7th 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Dorrel

Sex, Male or Female, {cross out the word not required in this line.}

Age, Sixty Four (64) *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation, Oyster Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 42 Stockholm

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) "

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 11

Ellis Mishaw *M. D.*
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* 158 S Sharpe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37241

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 8th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Johnson

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* 8 *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Infant

Place of Death, { Give street and number } No 2 Biddle Alley

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, Since was born perfectly developed

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 10th

Undertaker, [illegible] Brocklehurst

Place of Business, No 14 Chesnut Alley

W W Atkinson M. D.
Medical Attendant.

Address, 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 9/80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabetta Lutz

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 56 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number} 355 E. Eager st.

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 12 Years

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem

Date of Burial, June 12 1880

Undertaker, Henry Stork

Place of Business, 309 Central ave

G. L. Dauer M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Andrew Blagg

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 30 Marion St

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,) Exhaustion

Duration of last Sickness, Six months

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial January 11th 1884

Undertaker, Smith James Gray

Place of Business, 63 Mulberry St

R. B. Morrison M. D.
Medical Attendant.

Address, Balto. Gen. Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Minder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Eight *Years,* — *Months,* — *Days.*

Color, Col'd *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 7 Chestnut alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 King st.

Cause of Death, First (Primary,) Scarlet (Malignant) fever

Second (Immediate,) Phthisis Pulmonalis & Septicaemia

Duration of Last Sickness, Three & half weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 11th 1880

Undertaker, Wm James Gray

Place of Business, 65 Mulberry st

C. H. Hallworth — M. D.
Medical Attendant.

Address Hom. Face Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William McLaughlin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 36 Hanover St

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 36 Hanover St

Cause of Death, { First (Primary,) Spasms
Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem J. H. Martin M. D.

Date of Burial, Jan. 11th 80 Medical Attendant.

Undertaker, Wm. Frantz *Address* .....

Place of Business. 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 9 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ellen Ray

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 43 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailoress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~Well 11~~ 232 Wolf Street

Place of Death, {Give street and number} 232 Wolf Street

Cause of Death, First, (Primary,) Uterine Cancer

Second, (Immediate,) ____

Duration of last Sickness, 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 11 80

Undertaker, Chas J Fry

Place of Business, 534 Broadway

J E Hunter M. D.
Medical Attendant.

Address, 211 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Collins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 54 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 615 E. Pratt st

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, Two (2) Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 11th 1880

Undertaker, Theodore Lockel

Place of Business, 75 Jefferson

C. L. Williams M. D.
Medical Attendant.

Address, 4 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizebeth Staenker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 16 *Months,* ____ *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} S. E. Cor. Wolf & Jefferson sts

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. L. Carmel

Date of Burial, January 18th

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Goldbach

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Four (4) Years, Four (4) Months, Nine (9) Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} #160 S. Bond St.

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) 14 Days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 13th

Aug. A. Erich M. D.
Medical Attendant.

Undertaker, Wendelken Lloyd

Place of Business, Bond & Bond Sts. *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane M. Owens

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ 3 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 162 Leadenhall St

Cause of Death, { First, (Primary,) ; Second, (Immediate,) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 12 1880

James A Steuart M. D.
Medical Attendant.

Undertaker, C. F. Krauss

Place of Business, Hanover St *Address,* Comm. of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by, E. Wenman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Lucas

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co. Md

Duration of Residence in the City of Baltimore, Forty Eight years

Place of Death, { Give street and number. } 390 Mulberry St

Cause of Death, { First (Primary,) / Second (Immediate,) } old age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath C

Date of Burial, Jan 12 1880

Thomas Shipping M. D.
Medical Attendant.

{ *Undertaker,* J. B. Blackiston & Son *Address* 70 Centre St
{ *Place of Business,* 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 12 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Dennick

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } No. 887 Gusdorf

Cause of Death, { First, (Primary,) Spasms

{ Second, (Immediate,) ____

Duration of last Sickness, Last Day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 12 1880

Undertaker, H. H. Zebmyer

Place of Business, 347 Baltimore

C. J. Kelly M. D.
Medical Attendant.

Address, 244 Gusdorf St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Goetze.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Eighty four *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty yrs.

Place of Death, {Give street and number} Short St Feeble

Cause of Death {First, (Primary,) / Second, (Immediate,)}

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mathews

Date of Burial, Jan 12 80

Undertaker, Henry Bain

Place of Business, 272 Hiccanna

S. E. Delaut M. D.
Medical Attendant.

Coroner E. N.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 9th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Morgan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* 5 *Months,* 15 *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number} 152 Lurch St.

Cause of Death, First, (Primary.) Acute Mania

Second, (Immediate,) Congestion of the brain

Duration of last Sickness, 4 Weeks Previous

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, January 9 1880

H. H. Hild M. D.
Medical Attendant.

Undertaker, William N Dorsey

Place of Business, No 62 East Pratt

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37255.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Ross.

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, One (1) *Years,* two (2) *Months,* *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Nine

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West St Balto. City

Duration of Residence in the City of Baltimore, One year & two months

Place of Death, {Give street and number.} No 123 N. Balt. St. Balto City

Cause of Death, First (Primary,) Pontolion

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 12th 1880

Wm. H. Hoffman M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, *Address* 294 N. Gilmor & 711 N. Charles Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37256

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E Gerlock Debus

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Parents

Age, ~~Years~~, 1 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 101 Eastern Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Measles

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, Jan 12 1880

Thos A Stewart M. D.

~~Medical Examiner~~

Undertaker, Peter Frey

Place of Business, 91 Eastern Av *Address,* Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by C. Wenman

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Louisa Young

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 172 Chestnut St.

Cause of Death, First, (Primary,) Bronchial Catarrh

Second, (Immediate,)

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Jan 12 1880

A. E. Hill M. D.
Medical Attendant.

Undertaker, C. L. Browning

Place of Business, 97 O'Neal *Address,* 196 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Fletcher Coleman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 13 *Years,* 9 *Months.* *Days.*

Color, white *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 8 years

Place of Death, {Give street and number.} 392 W. Fayette St

Cause of Death, First (Primary,) Pleuro Pneumonitis

Second (Immediate,) Asthenia

Duration of Last Sickness, About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 12th 1880

Undertaker, W B Cook

Place of Business, No 707 W Baltimore Street

J. E. Gibbons M. D.
Medical Attendant.

Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Lash

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* ~~Months,~~ 9 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 years 9 days.

Place of Death, {Give street and number} 120 Gallow

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Croup (9) Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old cathedral cemetery

Date of Burial, Jan 13th 1880

Undertaker, Jas. B Cook

Place of Business, No 707 W Baltimore street

J. [illegible] M. D.
Medical Attendant.

Address, 376 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Obermüller

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 66 *Years,* 10 *Months,* 1 *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 8 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 958 North Baltimore

Cause of Death { First, (Primary,) Heart disease & General debility
Second, (Immediate,)

Duration of last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 13. 1880

Undertaker, Louis D. Paules

Place of Business, 66 Fred. Ave.

James Bosley M. D.
Medical Attendant.

Address, 917 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Lowe

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, 66 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bucks County Pa

Duration of Residence in the City of Baltimore. 18 years

Place of Death, { Give street and number. } 288 Argyle avenue

Cause of Death, { First (Primary,) Chronic Dropsy with Second (Immediate,) Hydrothorax

Duration of Last Sickness, Almost four years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 13th 1880

E Goverlee M. D.
Medical Attendant.

{ *Undertaker,* Wm Weaver
{ *Place of Business,* No 202 N Eutaw st *Address* 289 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda M Johansen

Sex, Male or Female, {cross out the word not required in this line.}

Age, three *Years,* five *Months,* six *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 298 Alice Ann ste

Cause of Death, First, (Primary,) Scarlet fever & Diphtheria

Second, (Immediate,)

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Jan 12th

Undertaker, H Trochlich

Place of Business, 246 Eastern Ave

J. J. Litzer M. D.
Medical Attendant.

Address, 161 Saratoga ste

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Hendry

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 532 N Gay St

Duration of Residence in the City of Baltimore, 12 days

Place of Death, {Give street and number} 532 N Gay St

Cause of Death, First, (Primary,) Congenital Syphilis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 13 1880

Undertaker, W H Hickmott

Place of Business, ... *Address,* 27 N Broadway

E Geo Watts *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassie Johnson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 53 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} 57 Smyth ave

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Consumption

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 12th 1880

James H Cleaver M. D.
~~Medical Attendant.~~

Undertaker, Saml W Chase

Place of Business, Howard St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by E. Wenman

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrich Scheidt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Driver (carter)

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} Nº 269 S. Charles St

Cause of Death, First, (Primary,) Carcinoma ventris.

Second, (Immediate,) Cachexia

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 13th

Henry Walzer M. D.
Medical Attendant.

Undertaker, F. N. Toll

Place of Business, #131 Hanover St *Address,* 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...he Special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 372-66

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Huebner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty three yrs.

Place of Death, {Give street and number} 515 E. Fayette St. cor Madison Av.

Cause of Death First, (Primary,) Cirrhosis of the liver,

Second, (Immediate,) Hemorrage

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 18.

G. G. Rusk M. D.
Medical Attendant.

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* Balt. & Gash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

Date of Death, Jan 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Bricker

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Low St 57

Cause of Death, First, (Primary,) Catarrh a few days preceding

Second, (Immediate,) Croup

Duration of last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 12 1880

Undertaker, Wm H Hartman

Place of Business, 1134 Gay St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter St

Extract from Regulations of the Board of Health to secure a Full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37268

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Camper

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 19 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Dorchester Co. Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 91 S. Dallas St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ____

Duration of last Sickness, 1 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jan 12th 1880

Undertaker, Fred J. Locke

Place of Business, 73 Jefferson St. *Address,* S. Broadway

James C. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37269

The Physician who attended any person in *s.* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Franseth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 64 Thames St.

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Michael Cemetery J. M. Sullivan M. D.

Date of Burial, Janry 13 1880 Medical Attendant.

Undertaker, Henry Bein

Place of Business, 252 Aliceanna St *Address* 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back Page

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 11 - 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily J Gibson Dec'd

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, About 31 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. } Single

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Arnold Ames Drug Store 74 N Broadway

Cause of Death, { First, (Primary.) Phthisis Pulmonalis — — Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Jany 13, 1880

Undertaker, M. A. Davis

Place of Business, 74 S. Broadway

T. S. Sara M. D.
Medical Attendant.

Address, Arnold Ames Drug Store 74 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 3727

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

Date of Death, Jan 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted]

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bermuda

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} 31 N. Stricker St

Cause of Death { First, (Primary,) Pneumonia

, { Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial Jan 14th 1880

{ *Undertaker,* John Thacker

{ *Place of Business,* Park & Fayette Sts

[redacted] M.D.
Medical Attendant.

Address, 216 [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37272

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

Date of Death, 11th January 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B Ironeell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 3 Hillen

Cause of Death First, (Primary,) Congestion of Brain

Second, (Immediate,) apoplexy

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, Jan 13 1880

Undertaker, Armstrong & Denny

Place of Business, Light St

J H Mebler M. D.
Medical Attendant.

Address, 57 Bowen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 37273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1898 BALTIMORE

Date of Death, ~~Arthur Schneider~~ January 12th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schneider

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 Yr 11 Mo

Place of Death, {Give street and number} 370 Light St

Cause of Death { First, (Primary,) Inanition. Second, (Immediate,) Convulsions

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 13th

Undertaker, J. Carter

Place of Business,

R. Welch M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 37274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sun 12-1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Fenton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} Waltons Alley between Penna ave & Fremont

Cause of Death { First, (Primary,) Old age

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, January 14

Undertaker, Walter Immel

Place of Business, 252 W. Balto St. *Address,*

M. D.
Medical Attendant.

Penna ave near Fremont & Walton Alley between

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37275

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mabella E. Frisby

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 70 Monkiz Al.

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate,) Convulsions

Duration of Last Sickness, About 19 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13th 1880

Undertaker, Charles A White

Place of Business, 35 Granby St

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...the Sp... Section of Physicians is respectfully invited to this...

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1880 O.P.

CERTIFICATE OF DEATH.

Date of Death, Jan 10. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Lockard

Sex, Male or Female, {cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 32 Little Monument St

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Jewish Cemetery

Date of Burial, Jan 13. 1880

Undertaker, Charles H White

Place of Business, 32 Granby St

Geo Tenney M. D.
Medical Attendant.

Address, 12 N Bridge

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Doherty

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* Six *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 198 cr. Front St.

Cause of Death { First, (Primary,) Inflammation of the Stomach
Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 13th 1880

John Morris *M. D.*
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address,* 165 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Williams

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, Thirty-nine *Years,* — *Months,* — *Days.*

Color, Brown *Sex,* —

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washing &c.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Seventeen years.

Place of Death, {Give street and number.} No. 53 E. Pleasant st

Cause of Death, {First (Primary,) Catarrh, / Second (Immediate,) Consumption.

Duration of Last Sickness, Nine months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, January 13-1879

J. F. B. Gardner M. D.
Medical Attendant.

Undertaker, Samuel W. Chase

Place of Business, 198 South Howard st *Address* 120 W. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 37279

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Jerome Meredith

~~*Sex,* Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years* 3 *Months,* ..... *Days.*

Color, colored

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 206 Hamburg St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Scarlet Fever

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, January 13 - 1880

R. W. Hall M. D.
Medical Attendant.

Undertaker, Samuel W Chase

Place of Business, 198 South Howard *Address,* 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 37280

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1930 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 11 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A. Gibbs

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Celyo

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 42 Hurley Ct

Cause of Death First, (Primary,) —

Second, (Immediate,) Serous Apoplexy

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 13 - 1880

Undertaker, Samuel W Crane

Place of Business, 198 S Howard St

Geo. I. Bunn M. D.
Medical Attendant.

Address, 114 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 37281

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William F. Gray

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, [illegible] *Years,* [illegible] *Months,* 2 *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 68 Burgundy Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Cemy

Date of Burial, Jan 13th 1880

Undertaker, Hercules Rost

Place of Business,

Jno A Clem M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E Wenman

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 87282

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1880 BALTIMORE

Date of Death, January 12th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas Jos. Spilsbury

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Huckster

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number } 36 Washington Road

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Confined to the Heart disease

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, H Peter Cemetery

Date of Burial, January 13

Undertaker, J B Cook

Place of Business, 76 North Butler

Address, Harmon Barn Rd

R. C. Lee M. D. Medical Attendant Coroner 3 D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 37283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August Gab

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } No 2 Stockholm St

Cause of Death, First, (Primary.) Pertussis

Second, (Immediate,) Convulsions

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 13th 1880

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Augustus W. Dodge M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 37284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Robert Lowe

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 31 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} No 46 N. Poppleton St

Cause of Death { First, (Primary,) Phthisis Pulmon Tuberculas
Second, (Immediate,) Exhaustion

Duration of last Sickness, about 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balle Cemetery

Date of Burial, Jan 15th 1880

{ *Undertaker,* Denny & Mitchell
Place of Business, Hayette St *Address,*

McHammond and Robt H. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 9

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th — 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Berghimer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 60 *Years,* 4 *Months,* 5 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number} 110 Leadenhall Str

Cause of Death First, (Primary,) Cancer of Uterus

Second, (Immediate,)

Duration of last Sickness, 16 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 14

Undertaker, John Heneig

Place of Business, 382 Orleans St. *Address,* 321 Light Street

E. O. Hanaughey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 12th 1890.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kelly,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 7 *Years,* 10 *Months,* ..... *Days*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City, and lived here,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 S Ann St.

Cause of Death, {First (Primary,) Scarlatina Malig'g. Second (Immediate,) Hemorrhage from the Bowels,

Duration of Last Sickness, Six Days,

All the above information should be furnished by the Physician.

Place of Burial, Loudenn Park Cemetery

Date of Burial, January 13, 1890

Undertaker, J. Bailey & Son

Place of Business, 41 Hanover St

John L. Kelly M.D.
Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age aud coudition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 37287

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Jackson.

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~2~~ *Years,* 18 *Months,* ~~Days.~~

Color, ~~W~~

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Spectator

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 142 N. Bethel St.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, One week.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13th 1880

Undertaker, Theodore G. Locke

Place of Business, 73 Jefferson *Address,* 105 N. Central Ave

Francis T. Sacus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred N. T. Eckels.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 27 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 336 Hamburg

Cause of Death First, (Primary,)

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Met. Asbury Cem

Date of Burial, January 15th

R. J. H. Tall M. D.
Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 66 S. Eutaw

Address, 152 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Eckels

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph S. Nelson

~~Sex~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.} Male

Age, 19 *Years,* 10 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Stripper of Tobacco

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 40 Jackson St.

Cause of Death { First, (Primary,) Consumption
, Second, (Immediate,)

Duration of last Sickness, Two Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 14th 1880

Geo. H. Grayson M. D.
Medical Attendant.

Undertaker, Thos. S. Hughes & Co

Place of Business, 60 E Baltimore *Address,* 18 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 372911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1880 BALTIMORE

Date of Death, January 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Steele

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~ *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore, a few weeks

Place of Death, {Give street and number} 21 Bath St

Cause of Death, First, (Primary,) Scrofulais from Birth Assumed to

Second, (Immediate,) assume Character of Cerebro Spinal Meningitis

Duration of last Sickness, Probably Disease from Birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, January 14th 1880

D W Cathell M. D.
Medical Attendant.

Undertaker, D W Myer

Place of Business, 12 N Ballo *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L. Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, White *Sex,* M.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cashier Merchants Bank

Birthplace, {State or country (and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 129 Light St.

Cause of Death, {First (Primary,) Pneumonia of the

{Second (Immediate,) right lung.

Duration of Last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 14th Jany. 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

W. T. Howard M. D.
Medical Attendant.

Address 141 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Augustine

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pa.

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First (Primary,) Removal of fibro Cystic tumor of right Kidney.

Second (Immediate,) Peritonitis

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Stewartstown Pa. Chas. H. Shultz *M. D.*

Date of Burial, Jan 14th 1880 Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N Eutaw St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1633

Board of Health, City of Baltimore

Permit No. 37293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 14 1880 BALTIMORE

Date of Death, Monday Jan. 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ann [illegible]

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 159 Fawn St.

Cause of Death {First, (Primary,)

{Second, (Immediate,)} Diphtheria

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Druid [illegible]

Date of Burial, Jan 14 1880

{*Undertaker,* [illegible]

{*Place of Business,* [illegible]

J. Dennett Norris M. D.
Medical Attendant,

Address, 552 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C Mick

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 3 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} #2 Donnelly Court

Cause of Death, {First (Primary,) Diphtheritic & Croup

{Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 14 Jan 3 Block

Undertaker, George C Rodenmayer

Place of Business, 38 Eutaw St

Sam'l J Beck *M. D.*
Medical Attendant.

Address, #134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 14 1880 BALTIMORE

Date of Death, Jan. 11 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Wagner

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Monument near Patterson Park Av.

Cause of Death First, (Primary,) Whooping Cough.

Second, (Immediate,) Capillary Bronchitis

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial. Jan 14 1880

Undertaker, Henry Hoeck

Place of Business, Central Ave *Address,* 94 N. Broadway

P. G. Sauer, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [redacted]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [redacted]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law. [redacted]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Louisa Shuteford

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 205 Bank St.

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) ____

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick [redacted]

Date of Burial, Jan 14th

James A. Shaw M. D.
Medical Attendant.

Undertaker, E. Cox

Place of Business, 8 & 8 Bank St

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wilson Ogle

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 52 *Years,* 6 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Bricklayer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England; 52 years in United States.

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number} 78 N. Fremont St

Cause of Death First, (Primary,) Cerebral Meningitis

Second, (Immediate,) 11 11

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan 15 1880

Undertaker, P Kummer

Place of Business, Mulberry St

J. T. Christian M. D.
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Hall (mother)

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Cole St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. Balto Cemetery

Date of Burial, Jan 14 1880

James Allen M. D.
~~Medical Attendant.~~

Undertaker, F. A. Kerchner

Place of Business, 50 S. Carrollton Ave *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14 — 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Doreen Pennefield

Sex, Male or Female, { cross out the word not required in this line. }

Age, Fifty nine *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bavaria - Europe

Duration of Residence in the City of Baltimore, About Twenty-five

Place of Death, { Give street and number } 60 Park Ave

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Pneumonia

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Jan 16th 1880

Undertaker, Stewart & Monroe

Place of Business, 25 Park Ave

D. H. Reese M. D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 12th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Comegy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, abt 59 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, abt 7 yrs

Place of Death, {Give street and number} 106 S Spring St

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, abt 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Jany 14th 1880

Geo. S. Keiseman M. D.
Medical Attendant.

Undertaker, Pat Mullin

Place of Business, 6 S. Pat Park Av *Address,* 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 13, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Augusta Bellino

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 19 *Years,* 2 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 178 E. Chester St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, Jan. 14. 1879

D. Kelly M. D.

Medical Attendant.

Undertaker, M. McDaniel

Place of Business, 414 S. Broadway *Address,* 214 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 5

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Rider

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 85 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 63 years

Place of Death, {Give street and number} 2 Oxford St

Cause of Death, First, (Primary,)

Second, (Immediate,) Senile decay

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, Jan 15th 1880

John A. Clemm M. D.
~~Medical Attendant~~

Undertaker, John C. Jordan

Place of Business, Park ave

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and ~~deaths of illegitimate children~~ Colored

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John G. Winder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, one *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 211 W Pratt street

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) " "

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Accomac Co Va

Date of Burial, Jany 14th 1880

E Goverdyx M. D.
Medical Attendant.

Undertaker, John Macher

Place of Business, Pratt Smith *Address* 289 W Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1634 Trans

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Bright (Mother

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* ½ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 75 N. Spring St

Cause of Death, { First, (Primary,) ——— Second, (Immediate,) Asthenia & Infantile

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, Jan 15th 1880

Thos A Clemens M. D.
~~Medical Attendant.~~

Undertaker, White & Baldwin

Place of Business, 10 ~~Orchard~~ St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by C. Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 14 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Renard

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 48 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or*~~ ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset County Md

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 460 - N Hanover Corner Intermitting Fever

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, 10 - days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jany 15 1880

Undertaker, Wm. C. Lehmouth

Place of Business, 336 Pa ave

A. J. Hoheck M. D.
Medical Attendant.

Address, Carey & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 37306

Board of Health, City of Baltimore,

Permit No. 37306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marianne Seitz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} St. Johns

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) —

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 15th 1880

Undertaker, C F Krause

Place of Business, 209 Hanover

C. L. Buccholz M. D.
Medical Attendant.

Address, 46 E. Lucas.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1130

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* Three *Months,* Thirteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 5. W. [illegible]

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, Jan 15th 1880

Undertaker, Jas. B. Cook

Place of Business, No 707 W Baltimore Street

[illegible] M. D.
Medical Attendant.

Address, 133 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE 1880

Permit No. 37308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13 Janu 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Dowson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 33 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 294 S. Charles

Cause of Death, { First, (Primary,) Bright's disease

Second, (Immediate,)

Duration of last Sickness, 4 years & 8 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, Jan 16th 1880

Undertaker, Jos. B. Leach

Place of Business, No 707 N Baltimore street

D. Williams M. D.
Medical Attendant.

Address, 154 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Wishnack

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 49 — *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widowed, Widower,~~ {Cross out the word not required in this line.} Married

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia 12 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 278 Ann St

Cause of Death First, (Primary,) Cancer of the Breast

Second, (Immediate,)

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Jan 15th 80

Undertaker, Wm. Keane

Place of Business, 220 Fountain Ave

Thomas B. Evans M. D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Wm Koesters

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months,* 10 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 172 Elliott St

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Pericarditis.

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial,

J. H. Martin M. D.
Medical Attendant.

Undertaker, M. Frances

Place of Business, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cammel

Sex, Male or Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cork (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. of John and Valley St

Cause of Death { First, (Primary,) general Debility
Second, (Immediate,)

Duration of last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, January 14th 1880

Wm. Brooke Boyle M. D.
Medical Attendant.

Undertaker, H. Sehr[illegible]

Place of Business, E M St 261

Address, Nole E. Eayes St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention ... this Cer...

Board of Health, City of Baltimore,

Permit No. 37312

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sally Dejon

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, unknown though about 105 *Years,* ____ *Months,* ____ *Days.*

Color, Colored *Sex,*

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, over 80 years

Place of Death, {Give street and number.} 131 Raborg St.

Cause of Death, First (Primary,) cancer on right breast

Second (Immediate,) Exhaustion

Duration of Last Sickness, two weeks or more I was told—I did not see her during this lack of appetite or last sickness for I have known her 10 years whenever she has been much sick

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Nov 15 1880

Jno. C. Harris M. D.
Medical Attendant.

Undertaker, William N Dorsey

Place of Business, No 62 East Street *Address* No 360 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 37313

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lanehart

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 46 Hughes

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Twenty one days

All the above information should be furnished by the Physician.

Place of Burial, Bel Air

Date of Burial,

Undertaker, Armstrong & Dilley

Place of Business,

O. A. Cooke M. D.
Medical Attendant.

Address, E 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention o… …of this Certifi…

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14/1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Farley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} For Eutaw & Frederick Ave

Cause of Death { First, (Primary,) Saundrea
, { Second, (Immediate,) "

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Elliott city Howard county Md with carriage

Date of Burial, Jan 15th 1880

Undertaker, Jos. B Cook

Place of Business, No 707 W Baltimore street

W. Keyser M. D.
Medical Attendant.

Address, W Fayette & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday Jan. 13th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaiah Cook

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } #227 Dover St

Cause of Death { First, (Primary,) A severe Scald
Second, (Immediate,) Convulsions

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 15

Undertaker, Hercules Rose

Place of Business, 95 Conway St *Address,* #52 N Eutaw St.

D. Brunett Hoss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Vandersmolles

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Louis, Mo.

Duration of Residence in the City of Baltimore, 4 Yrs. 6 Mos.

Place of Death, {Give street and number} 316 Hanover St

Cause of Death First, (Primary,) [illegible]

Second, (Immediate,) Pneumonia

Duration of last Sickness, 3 Wks.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

R. J. L. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

Date of Death, January 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John McFarlane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Expert Burner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Tyrone, Ireland

Duration of Residence in the City of Baltimore, 47

Place of Death, {Give street and number.} 175 Conway St

Cause of Death, First (Primary,) Violence to Skull

Second (Immediate,) Compression of Brain

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery Jos. E. Clagett M. D.

Date of Burial, Jany 19th 1880 Medical Attendant.

Undertaker, John A Bacher

Place of Business, Park & Fayette Sts *Address* 18 S. Eutaw St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

7310

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15TH 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Pine

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co. Md

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 185 E Pratt

Cause of Death {First, (Primary,) Dropsy

{Second, (Immediate,)

Duration of last Sickness, Several months, saw her but few times

All the above information should be furnished by the Physician.

Place of Burial, New Methodist

Date of Burial, Jany 16th 1880

Undertaker, J Cox

Place of Business, 84 Bank St

E T Way *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wilson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 61 Russell St

Cause of Death, First, (Primary,) Premature Birth – 7 months in Life

Second, (Immediate,) Want of Vital force

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 15

O. A. Clarke, M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OV 41.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 13th 1880,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Hart

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 58 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland + Ireland,

Duration of Residence in the City of Baltimore, Thirty two years

Place of Death, {Give street and number} 142 Lancaster St,

Cause of Death First, (Primary,) Cold

Second, (Immediate,) Bronchitis

Duration of last Sickness, Eight months,

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Jan 18th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

Nicholas L. Bosfield M. D.
Medical Attendant.

Address, 217 S. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 37321

Board of Health, City of Baltimore,

Permit No. 37321

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lauster

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 56 *Years,* 1 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number} 10 Spruce alley

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemy

Date of Burial, Jan 16th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

James T. Shaw M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 4: 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Raymond H. Ballard

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* 10 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, 3 yrs 6 mos 10 ds

Place of Death, { Give street and number } 99 Hanover

Cause of Death, { First, (Primary,) Pneumonia

Second, (Immediate,) 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Jan 16th 1880

Undertaker, Jos. B. Cook

Place of Business, No 707 W. Baltimore street

A. A. Lee, M. D.

Medical Attendant.

Address, 379 N. Conkling

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1322

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Mrs John Hofel~~ Jan 14th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. John Hofel

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper.

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 228 Hollins St.

Cause of Death, First, (Primary,) Uterine cancer.

Second, (Immediate,) Exhaustion

Duration of last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 17th 1880

Undertaker, Jos. B. Leak

Place of Business, 1207 W. Baltimore street

Louis McHenry M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37324

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January the 14th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dorthea Nicholas Nicklas

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 54 *Years,* 4 *Months,* 4 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number } 248 E. Fayette

Cause of Death { First, (Primary,) Chronic pulmonary

Second, (Immediate,) Hydrops, Gangrene, Marasmus

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Jan 16. 1880

Undertaker, C. H. Koerner

Place of Business, 9 & O Rail Road *Address,* 248 E. Fayette

J. Guthrie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...he Special Attention of Physicians to ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Southgate Lipsett Jr.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* 11 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 423 E. Baltimore St.

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, G. Mt

Date of Burial,

Undertaker, S. A. Mowen

Place of Business,

James A. Adams M. D.
~~Medical Attendant.~~

Address, Ryster

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37326

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15, 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernhardt Linder

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and number } No 66 Baltic St.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, Jan 17th 80

Undertaker, Wm Evans

Place of Business, 28 E Centre

M. Lytle M. D.
Medical Attendant.

Address, 2 Hill Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. 132

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Englehart

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 10 *Months,* 19 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 182 Raborg St

Cause of Death, First, (Primary,) Scarlet Fever.

Second, (Immediate,) Degenerative Nephritis

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, Jan 16 1880

Undertaker, John M. Schaefer

Place of Business, 182 Vine St

Thomas Opie M. D.
Medical Attendant.

Address, 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 37328

Board of Health, City of Baltimore,

Permit No. 37328

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvina Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color Col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} Sterling 89

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Hydrops Pericardei

Duration of last Sickness, 13 Months

All the above information should be furnished by the Physician.

Place of Burial, Lamsel

Date of Burial, Jan 16 - 1880

Undertaker, [illegible]

Place of Business, [illegible]

E C Baldwin M. D.
Medical Attendant.

Address, 124 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

Permit No. 37329

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 15th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos Stacy Mann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* six *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Corner Fountain & Wash'g't Sts.

Cause of Death, { First (Primary,) Epileptic Convulsions

Second (Immediate,) ...

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jany 16th

Undertaker, J. H. Eitmeyer

Place of Business, 341 Canton ave

H. C. Delaney M. D.
Medical Attendant.

Address Coroner E.S.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } H C Connor

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 53 Carrison St

Cause of Death, { First (Primary,) Diptheria / Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 16 1880

Undertaker, James P Byrne

Place of Business, No 63 n Exeter St *Address*

O S Mahon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No. 3731

Board of Health, City of Baltimore,

Permit No. 3731

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1880 BALTIMORE

Date of Death, Jan 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Vincent

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} Middle Station House Res Lafferman's Court

Cause of Death {First, (Primary.) Intemperance

{Second, (Immediate,) Suicide by hanging

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Jan 17 1880

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Edmund R Walker M. D.
Medical Attendant.

Address, Coroner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 27332

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hayes

Sex, Male or Female, {cross out the word not required in this line.}

Age, 23 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 34 Rolanno St

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Typhoid Pneumonia

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan. 17. 1880

E. Jones Wells, M. D.
Medical Attendant.

Undertaker, M. A. Saiger

Place of Business, 74 S. Broadway

Address, 17 Rolanno St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

7333

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1880 BALTIMORE

Date of Death, Jan. 15th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rice Ennis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Twelve *Years,* Six *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 21 Dover Street

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 16th 1880.

Chas. H. Tebbs M. D.
Medical Attendant.

Undertaker, Adam Heidemyer

Place of Business, 518 N. Baltimore St. *Address,* 306 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37334

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37334

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P Kennard

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty one years

Place of Death, {Give street and number} 403 E. Monument St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Organic disease of the heart

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 18th

Undertaker, Geo Schilling

Place of Business, ...

Wilbur F Taylor M.D.
Medical Attendant.

Address, Broadway & Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

1333

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January ~~December~~ 15th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella G. Gourley

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, five *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George Co. Md.

Duration of Residence in the City of Baltimore, four years

Place of Death, {Give street and number} 134 Jefferson St. Balt.

Cause of Death First, (Primary,) Cold

Second, (Immediate,) Tonsillites

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 17/80

Undertaker, Fly & Bro

Place of Business, 54 & Broadway

Geo. H. Hayson M. D.
Medical Attendant.

Address, 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. 7336

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johan Leinbach

HEALTH DEPARTMENT JAN 16 1886 BALTIMORE

Sex, Male or ~~Female~~, { ~~Cross out the word not~~ required in this line. }

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Seven years

Place of Death, { Give street and number } 247 S. Ann St.

Cause of Death, { First, (Primary,) Apoplexy

{ Second, (Immediate,) Fatal 2 days

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Louis Cemetery

Date of Burial, Jan. 17th 86

Undertaker, Wm. Lemmon

Place of Business, 155 Eastern Av.

Aug. H. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

37337

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise L. Phelps

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* 13 *Days.*

Color, —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 375 Fremont St

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Eclampsia

Duration of last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 17th 1880

C. C. McDowell M. D.
Medical Attendant.

Undertaker, Jenny & Mitchell

Place of Business, 550 W. Fayette St *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

37338

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank L Hoey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Silversmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dublin Ireland 30 yrs in America

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number} St Josephs Hospital

Cause of Death, First, (Primary,) Cirrhosis of Liver

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 16 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilford Av *Address,* 188 N Calvert St

Oscar J Cotton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN'Y 16 1890 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 15

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Weber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* ..... *Months,* ..... *Days.*

Color, Wht. *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Wagner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Culbach baen Ems Herzog Thum Darmstadt

Duration of Residence in the City of Baltimore, 26.

Place of Death, {Give street and number.} Spring 125 (S)

Cause of Death, First (Primary,) Anaemia

Second (Immediate,) Exhaustion.

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, 17th of Jany.

Undertaker, Fred Goede.

Place of Business, 29 S. Carlton st.

John A Schultz M. D.
Medical Attendant.

Address N E Cor Lough & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Special Attention of ... this Certificate.

Board of Health, City of Baltimore.

Permit No. 37340

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Robert

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* 15 *Days.*

Color, colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 42 Dover Str

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eldridge Landy

Date of Burial, Jan 17 1880

Chas F. Heuer M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* 68 Shup St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

37341

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th January 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Day

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give street and number} 190 Hanover st.

Cause of Death First, (Primary,) Hemiplegia

Second, (Immediate,) 9 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 19th Jan. 1880

Undertaker, H.W. Jenkins & Son

Place of Business, # 16 Light st.

O A Cooke M. D.
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 07342

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Hildebrandt

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 18 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 75 E. Lombard St.

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) ____

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 17th

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Ashland Bynum

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 373443

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 373443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 15th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cornelius Jefferson

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 2 *Months,* 20 *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, Born in City

Place of Death, { Give street and number } 10 18 Veirs St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Neglect

Duration of last Sickness, Was ever sickly from birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 18th 1880

Undertaker, Wm H Bishop Jr.

Place of Business, 97 Druid Hill Ave.

W. Atkins M. D.
Medical Attendant.

Address, 190 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

Date of Death, Jan. 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellenor Hoots

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 23 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ~~10 days~~ all her life

Place of Death, {Give street and number.} No. 1. Williams' Alley

Cause of Death, {First (Primary,)} Confinement 1

{Second (Immediate,)} Haemorrhage 1 1

Duration of Last Sickness, 10 days (stated)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 18th 1880

{*Undertaker,* Theodore J Locks

{*Place of Business,* 73 Jefferson

E. P. Bons M.D.

Medical Attendant.

Address, # 106 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gundina

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 6 Creek alley

Cause of Death { First, (Primary,) Chronic Comp

Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 18 1880

Undertaker, Julius Kochler

Place of Business, Sharp & Cross *Address,* 146 Hanover St

De A Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 07346

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos W Tighe

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bar Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 37 St Paul

Cause of Death, First, (Primary,) Phythisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemy

Date of Burial, January 18th

Undertaker, M Clark & Sons

Place of Business, 64 E Baltimore St

Geo B Reynolds M. D.
Medical Attendant.

Address, 43 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. 1347

Board of Health, City of Baltimore,

Permit No. 37347

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15/16 January 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharina Ritter

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, 53 *Years,* — *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Leisel Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} No 9 W. Pratt St

Cause of Death, First, (Primary,) Disease of Heart Valves Involved

Second, (Immediate,) Anasarca

Duration of last Sickness, 3 = 4 years

All the above Information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, January 18/80

Undertaker, Chas F Wachter

Place of Business, 29 E Pratt St

F E Cope, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37348

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37348

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Barnstiber

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 9 *Years,* *Months,* 2 3 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 57 Lemmon alley,

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 18 1880

Undertaker, F. M. Nannith

Place of Business, Saratoga St *Address,* 139 N. Paca St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

1349

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa J Parker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Eighteen *Months,* Four *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number} No 215 Mulberry St.

Cause of Death, {First, (Primary,) Diphtheria / Second, (Immediate,) Fever

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 17-1880

Undertaker, Wm J Wiadden

Place of Business, 28 Chew St

Wm H Cullen M. D.
Medical Attendant.

Address, Home

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37350

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37350

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Eisolf

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, One *Years,* Two *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } # 50 Front ave

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, The Father says Two weeks I was called 15 hours before death

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 18th 1880

J. K. Smithson M. D.
Medical Attendant.

Undertaker, Bauer

Place of Business, W. Pratt St *Address,* 58 S. Frederick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37357

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37357

The Physician who attended ~~any~~ person in a last illness is responsible for the presentation of this Certificate ~~to the Undertaker~~ *out*, to the Undertaker or o[illegible] sooner, if requested so to do. [illegible] H DEPART.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Isabella Widefeld

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 92 Green Mount Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Cerebro Spinal Meningitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 18th 1880

M. D.

~~Medical Attendant.~~

Undertaker, H. C. Widefeld

Place of Business, 92 Green Mt Ave *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

37351

DR. L. A. MONMONIER.

BOX 39,

WAVERLEY, P. O., MD.

HEALTH DEPARTMENT
JAN 17 1880
BALTIMORE.

WAVERLEY, ... 18

This is to certify that on ... child died from ...

L. A. Monmonier

37352

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Balto January 15 — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Blumberg

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, (about) 39 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Milk Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 48 Penna Ave

Cause of Death, First, (Primary,) Cardiac Disease (Mitral Direct & Regurgit

Second, (Immediate,) Apnea ——

Duration of last Sickness, about 6 months —

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, January 18th

C. C. McDowell M. D.
Medical Attendant.

Undertaker, Chas. Hollander & Sons

Place of Business, 22 W. Pratt St. *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...DULANY & CO. CITY PRINTERS AND STATIONERS.

...Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Jany 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Boyd Martin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 7 hrs Days.

Color,

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 8 Forney ave

Cause of Death, {First (Primary,) ... Second (Immediate,) Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pal Cemetery

Date of Burial, Jan 17 1880

{*Undertaker,* T. A. Kirchner
Place of Business,

H C Nelson M. D.
Medical Attendant.

Address No 8 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3554

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Driver

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 67 *Years,* ____ *Months,* ____ *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 144 S. Chapel St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Dropsy (General) 6 mos.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cmetry

Date of Burial, Jan 18th

Undertaker, 246 Fredlich

Place of Business, 246 Eastern Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ertificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 15th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Wilmore

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 37 *Years,* 10 *Months,* ~~and~~ *Days.*

Color, Black, *Sex,* Female,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married,

Occupation, None,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, whole life,

Place of Death, {Give street and number.} No. 8 Baltan st.

Cause of Death, First (Primary,) Kidney disease,

Second (Immediate,) Uraemic poison

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 17 1880

Joseph T. Smith M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business No 198 Howard *Address* 253 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 9356

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 9356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eda Tenley

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} In 10 Moore's Alley

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Par. Cemetery

Date of Burial, Jan. 18 1880

Undertaker, H. H. Chase

Place of Business, 20 198 Howard St

Wm. B. Ridout M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37357

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 1880 BALTIMORE

Date of Death, January 16, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 30 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} No 339 Eastern Ave.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Peritonitis

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan. 18th 1880

Undertaker, H. M. Gibneyer

Place of Business, 341 Canton ave.

[signature] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 37358

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Meyer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Four (4) *Years,* Four (4) *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 17 S. Edmondson Ave

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns

Date of Burial, Jan. 19th 1880

Jno Shaw M. D.
Medical Attendant.

Undertaker, Henry Hoch

Place of Business, 309 N. Central Ave *Address,* Corner Lin & Eager

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos E. O'Leary

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, — *Years,* 15 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 392 W Pratt

Cause of Death { First, (Primary,) Pseudo Membranous Croup. / Second, (Immediate,) —

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 18

Edwd F. Michael M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address,* 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

37360

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. J. Asendorf

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 254 Mulberry St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 254 Mulberry

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetary

Date of Burial, Jany 19th 1880

Undertaker, A. Weidemeyer

Place of Business, 518 W. Balto. St.

S. J. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

July 18th

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinr Bronson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} United States of America

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} In the rear of 127 N Gay

Cause of Death {First, (Primary,)} —

{Second, (Immediate,)} Eclampsia

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cem. Belair Road.

Date of Burial, Jany 18th 1880

Undertaker, D Heinsmann

Place of Business, 26 Exeter St.

J Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

rtificate.

Permit No. 37362

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Wells

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 23 *Months,* ... *Days.*

Color, C.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto. Co.

Duration of Residence in the City of Baltimore, Two months.

Place of Death, {Give street and number.} 25 Shuter St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Bronchitis.

Duration of Last Sickness,

All the above information should be furnished by the Physicinn.

Place of Burial, Long Green Balto Co

Date of Burial, Jan 19 8 AM

Undertaker, A & R. Bandell

Place of Business, 218, N. Ann St

L. C. Gordon M. D.
Medical Attendant.

Address 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 37363

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} C. F. Lister

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Undertaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Empyema

Second, (Immediate,) Asthenia

Duration of last Sickness, 7 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balti. Cemetery

Date of Burial, Jan. 19 1888

Undertaker, John N. Schaefer

Place of Business, No. 182 York St.

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 73647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie E Buchanan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 98 Jefferson

Cause of Death { First, (Primary,) Acute Hydrocephalus
Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Woods Station Balto Co

Date of Burial, Jany 19th 1880

Undertaker, Saml Sabe

Place of Business, 161 E. Pratt St

D. T. Coyner M. D.
Medical Attendant.

Address, 134 N High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1636 Thames

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver W Campbell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~~~ *Years,* Five *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and number} 127 Mosher St.

Cause of Death { First, (Primary,) Spasm
Second, (Immediate,) "

Duration of last Sickness, A few minutes

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 19th 1880

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

J. A. Christian *M. D.*
Medical Attendant.

Address, 431 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37366

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Ellen Feeney

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 66 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Limerick, Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } Boundary & near John Street

Cause of Death, { First, (Primary,) } Phthisis Pulmonalis

{ Second, (Immediate,) } "

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 20th 1880

Undertaker, Edward F Keirnan

Place of Business, 107 E Eutaw St

T B Brown M. D.
Medical Attendant.

Address, 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully called to this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cornelia Waters

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 29 *Years,* 10 *Months,* 5 *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, School teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 384 Light St

Cause of Death, First, (Primary.) Pulmonary Phthisis

Second, (Immediate,) asthenia

Duration of last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, 1 19 80

Undertaker, Hamilton & Dunn

Place of Business, 1512 Pratt

W. J. McDowell M. D.
Medical Attendant.

Address, 9 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Teeny

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 12 Temple St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Pneumorhagia & Exhaustion

Duration of last Sickness, I never saw the man but once & dont know how long he was sick

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, ...

Undertaker, H Wamann

Place of Business, Gaff Loger No 42 *Address* 43 N Calvert

Geo B Reynolds *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Belle Donahue

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 20 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 219 E. Pratt St.

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) Perforation of the intestine — Peritonitis

Duration of last Sickness, Fifteen (15) days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, January 20th 1880

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway

G. L. Wilkins M. D.
Medical Attendant.

Address, 1 N. Bruce Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 370

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th January 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Aug. Galloway

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 24 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 64 Hill Ave

Cause of Death, First, (Primary,) Pseudo Membran Croup

Second, (Immediate,) Suffocatio

Duration of last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Bible Cemetary

Date of Burial, Jan 20th 1880

Undertaker, Wm Ars Jenny

Place of Business, 962 Light St

A. W. Dodge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Warner

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 74 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number.} 26 Warner St

Cause of Death, {First (Primary,) Old Age

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cem

Date of Burial, Jan 22 1880

Undertaker, A Wredenmeyer

Place of Business, W Balt St

J E Wamble M.D.

Medical Attendant.

Address, 207 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 37372

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 17 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Holdey Pitts

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, Col

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 100 Robert St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Senile Decay

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Wards St Cem

Date of Burial, Jan 19 " 1880

Undertaker, Jacob Davis

Place of Business, Lee St

James A Steuart M. D.

Address, Comm of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by C. Wenman M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Goodman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Thirty nine *Years,* Four *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Book Rubber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Akron, Ohio

Duration of Residence in the City of Baltimore, about two years

Place of Death, {Give street and number} 37 North Carrollton near Howard Town

Cause of Death { First, (Primary,) ... Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Akron, Ohio

Date of Burial, Jan 19

Undertaker, Geo Schilling

Place of Business,

Chas A'Donovan *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1637

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Leonrodt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cotton Weigher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} No 2 Fatsons Court St

Cause of Death First, (Primary,) ——

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 11 or 9 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Jan 19th

Undertaker, Wendelin Dietz

Place of Business, 1 Bond st. } *Address,* 121 E Balto st

J Ridgway Andre M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth ~~Infant~~ Eugenie Taylor

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 3 *Days.* (Parents)

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 202 N. Broadway —

Cause of Death { First, (Primary.) / Second, (Immediate,) } Premature Birth

Duration of last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemet

Date of Burial, Jan 19th 1880

Undertaker, Eugene Slayton

Place of Business, 202 N. Broadway

D. D. Gwyn ..... *M. D.*
Medical Attendant.

Address, 137 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline V. Burgis

Sex, Male or Female, {cross out the word not required in this line.} [illegible]

Age, Years, 11 Months, [illegible] Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 71 Bank

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) [illegible]

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, 19th of January

Undertaker, [illegible]

Place of Business, 317 Mulberry St

J. F. Phillips M. D.
Medical Attendant.

Address, 317 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizibeth P Foster

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 47 *Years,* 4 *Months,* 9 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 47y 4m 2d

Place of Death, {Give street and number.} 453 N. Centre Ave

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,) " "

Duration of Last Sickness, Six weeks "

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemt A. G. Thatson M. D.

Date of Burial, Jany 20th 1880 Medical Attendant.

Undertaker, Andrews & Steuart Address 437 N. Central Ave.

Place of Business, 446 Druid Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edw Purnell

Sex, Male ~~or Female,~~ { cross out the word not required in this line. }

Age, —— *Years,* 7 *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Since Life

Place of Death, { Give street and number } 44 Bird Alley

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 19th 1880.

Undertaker, Wm J Bishop Jr.

Place of Business, No 97 Smithfield Ave. *Address,* 89 Green St.

D G Keller, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget McElroy

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number} 99 Fountain St

Cause of Death, First, (Primary,) Bright's Dis.

Second, (Immediate,) Asthenia

Duration of last Sickness, 6 wks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 19th 1880

Undertaker, Jas P. Byrne

Place of Business, Front St

R. B. Morson M. D.
Medical Attendant.

Address, General Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conlin

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 129 North Ca

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Consumption

Duration of last Sickness, one years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, January 20 1880

Undertaker, D W Dwyer

Place of Business, 12 W Balto *Address,* 22 Franklin

J H Patterson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 18. 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eve E. Rearick

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 yrs W. Baltimore

Place of Death, {Give street and number} 952 Old ay

Cause of Death, First, (Primary.)

Second, (Immediate,) Sip Mouth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, Jany 20th 1890

Undertaker, Denny & Mitchell

Place of Business,

James Bailey M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. ....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Cassell

Sex, ~~*Male*~~ *or Female,* { cross out the word not required in this line. }

Age, 80 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Annarundel Co.

Duration of Residence in the City of Baltimore, 13 yrs.

Place of Death, { Give street and number } 106 Jasper St.

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Weakness

Duration of last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, New Church at Cemetery

Date of Burial, Jan 19th

R. B. Morrison M. D.
Medical Attendant.

Undertaker, F. C. Forster

Place of Business, 63 Park av

Address, General Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. D

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Kay

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* 7 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 93 East St

Cause of Death, First, (Primary,)

Second, (Immediate,) Bowels from Croup

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 20 1880

E. J. Williams M. D.
Medical Attendant.

Undertaker, Fay & Bro

Place of Business, —

Address, 19 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No.

Board of Health, City of Baltimore,

Permit No. 37384

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Rinehart

Sex, Male or Female, { cross out the word not required in this line. } M

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 97 E East St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pseuds membranous Croup

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 20th 1880

E. Jones Williams M. D.
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, ____

Address, 69 Fleet St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Greiffer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany (3 yrs in America

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number} St Joseph's Hospital

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, January 20, 1880

Oscar H. Harry M. D.
Medical Attendant.

Undertaker, Henry Troth

Place of Business, 309 Central Ave *Address,* 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his noti furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certific ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of th son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Phys...

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

Date of Death, January 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kelly Manuel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ Months 10 minutes ~~Days~~

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 10 Minutes

Place of Death, {Give street and number.} 27 Druid Hill Ave

Cause of Death, First (Primary,) Premature Birth - The child of twins.

Second (Immediate.) at about 8th month of gestation.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 6th

Undertaker, Henry Birkhead

Place of Business, 97 Druid Hill Ave Address 175 Park Ave

I. E. Lindsay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Morgan Re

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 218 Corkran st Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 218 Corkran st Balt

Cause of Death {First, (Primary,) Bron Pneumonia Cause Heart unable
Second, (Immediate,) Exhaust Decay.

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 20 1880

Undertaker, B. Hailey

Place of Business, 411 Light St

C. H. Jones M. D.
Medical Attendant.

Address, Balto & Patterson Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 37388

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th° 18th" 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E Roeder

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 70 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Living with Son: Jas

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Saxony

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number} 177 W Biddle St

Cause of Death, First, (Primary,) Age

Second, (Immediate,) [illegible]

Duration of last Sickness, Gradually declining for 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, Jan 20th 1880

Undertaker, P Kenner

Place of Business, 317 Mulberry

William Riley M. D.
Medical Attendant.

Address, 306 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to those on the back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. F. O. Hollen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 150 S. Chapel St.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Acute Bronchitis

Duration of last Sickness, Ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon

Date of Burial, Jan 20th 1880

Undertaker, Robt F. Scriven

Place of Business, 271 W Eutaw St

C. L. Heiskell M. D.
Medical Attendant.

Address, 191 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37394

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 19 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan: 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} And J. Barnes

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number} 253 Preston St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 19 1890

Undertaker, D M Chase

Place of Business, No 198 Howard St

F. Jenkins M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria A. Collins

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 536 Hanover St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial, Jan 20th 1880

R. J. H. Tull M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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Board of Health, City of Baltimore,

Permit No. 37392

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 17. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Leach

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Five *Years,* One *Months,* Fifteen *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 4. N. McHenry St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Bartlett St.

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Loudon Park

{Undertaker, J B Cook

{Place of Business, No 707 Baltimore

E. H. Holbrook M. D.
Medical Attendant.

Address Home Free Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 37393

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R Derricks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 19 pm st

Cause of Death, {First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Rustem & Sons Bell Co

Date of Burial, Jany 20th 1880

Undertaker, Wm J Gray

Place of Business, 66 Mulberry St

Reggie Buckler M. D.
Medical Attendant.

Address 135 h Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37394 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number.} No. 4 Eutaw Court

Cause of Death, First (Primary,) Brights Disease

Second (Immediate,)

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, January 21st 1880

Eugene F. Cordell M. D.
Medical Attendant.

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St *Address* 125 N. Charles St

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Mathews (Aunt Polly)

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charles Co. Maryland

Duration of Residence in the City of Baltimore, more than 55 years

Place of Death, {Give street and number} No. 12 Leonard St. near Eager

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) General years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral, Cemetery

Date of Burial, January 21st 1880

John Morris M. D.
Medical Attendant.

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry St *Address,* No. 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly May Smith

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 244 E. Paca St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 244 E. Paca St

Cause of Death { First, (Primary,) Diptheria
, Second, (Immediate,) Membranous Croup

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Butchers Cemetery

Date of Burial, January 19

Undertaker, J B Coates

Place of Business, 707 West Balto *Address,* 144 Hanover St

Geo. H. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37397.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Moore

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 Years, 2 Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} x x x

Occupation, x x x

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 107 E. Fremont

Cause of Death, First, (Primary.) Scarlatina Malignus

Second, (Immediate.)

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan. 20. 1880

Undertaker, M. A. Darger

Place of Business, 74 S. Broadway

James E. Driscoll M. D.
Medical Attendant.

Address, 99 E Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A. Adson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 100 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Ill

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary.) Old age

Second, (Immediate.) Asthenia

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 20. 1880

Undertaker, Jos. C. Jones

Place of Business, No 6 East

David Sneed M. D.
Medical Attendant.

Address, City - Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~X~~ 37399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alberta Wright

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 18 Murphy Al.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Mary's

Date of Burial, Jan 10. 1880

J. C. Mcleod *M. D.*
Medical Attendant.

{*Undertaker,* J. L. C. Jones
Place of Business, 163 Park Av.} *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 37401

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund Walter

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Car Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 9 N Central Avenue

Cause of Death { First, (Primary,) Injury of Hemorrhage
Second, (Immediate,) Exposure

Duration of last Sickness, 6 Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 21st 1880

Undertaker, Frey & Bro.

Place of Business, Broadway & Fayette St

J Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 37401

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenz Schumberger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 198 Spruce Alley

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 21st 80

Undertaker, P McFrance

Place of Business, 280 Pratt Ave

Address, ____

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 37402

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Link

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 49 *Years,* 1 *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number} 225 E. Lombard st

Cause of Death { First, (Primary,) Inflamation of bowels
, { Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sandtown Cemetery

Date of Burial, January 21

Undertaker, Wendelin Dippel

Place of Business, 1 Bond st

Address, 225 E Lombard st

J. Feathers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Janu 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philemon P Frazier

Sex, Male or Female, {cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Kent Co Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 164 W Fayette st

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Washington City~~ Richmond Va

Date of Burial, 19th Jan. 1880

C Whitelaw M. D.
Medical Attendant.

Undertaker, H W Jenkins & Son

Place of Business, 16 Light st. *Address,* 23 W Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Wash Jones

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th January -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Maria Long -

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 y. - *Years,* *Months,* *Days.*

Color, White -

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Baby -

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore -

Duration of Residence in the City of Baltimore, Life - time -

Place of Death, { Give street and number } 190 N. Pressman St

Cause of Death, First, (Primary,) Phthisis.

Second, (Immediate,) Laryngeal Phthisis.

Duration of last Sickness, about a year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 22d 1880

Undertaker, [illegible]

Place of Business, [illegible] Address, [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 37405

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles B. Fitzhugh

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Colegate Alley

Cause of Death, First, (Primary,) Supposed Injury before birth

Second, (Immediate,) Convulsions

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 20th 1880

Undertaker, John C. Jordan

Place of Business, Park ave

John A Lewis M. D.

~~Medical Attendant.~~

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Esther W. Snead

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* 3 *Months,* 7 *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Northampton County - Virginia

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 19 Edmondson ave

Cause of Death, First (Primary,) Chronic Bright's Disease

Second (Immediate,) Asthenia

Duration of Last Sickness, 25 or 30 years

All the above information should be furnished by the Physician.

Place of Burial, Accomac County VA J. L. Gibbons *M. D.*

Date of Burial, Jan 22nd 1880 Medical Attendant.

Undertaker, Chas T. Seniver *Address* 47 Edmondson ave

Place of Business, 27 & 29 Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1642 Fremont

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } W. H. Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One *Years,* 4 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 531 Fisguth St.

Cause of Death, First (Primary,) Tuberculan Meningitis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 21st

Undertaker, George Schilling

Place of Business, Ashland Square

Address S. E. Cor Baltimore & Eutaw Sts

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 18. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine H. Altvater

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 27 *Years,* 4 *Months,* 18 *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 193 E. Fayette St.

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) 2 mos

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery J. N. Honck M. D.

Date of Burial, Jan 21 Medical Attendant.

Undertaker, Fry & Fry

Place of Business, 52 N Broadway *Address,* 75 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 37409

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

Date of Death, January 18. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Williams

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~One~~ 56 *Years,* ... *Months,* ... *Days.*

Color, ~~Black~~ Colored

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 37 Perry St

Cause of Death { First, (Primary,) Hepatic Cancer
, Second, (Immediate,) Pyaemia & Exhaustion

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 21 1880

Undertaker, Samuel Wilson

Place of Business, 192 S. Howard St

Dr. R. W. Hopkins M. D.
Medical Attendant.

Address, 64 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained; That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elva A. Woolford.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number} 165 William St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis.
Second, (Immediate,)

Duration of last Sickness, Suffering about 2 yrs. Confined to Bed 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Jan 20th 1880

R. J. N. Tall M. D.
Medical Attendant.

Undertaker, Armstrong & Dunn

Place of Business, 263 Light st *Address,* 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1643 Trans

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37411

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Estelle Parker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Col-

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 75 Wilkens Alley

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Cemetery

Date of Burial January 21

Undertaker, Hercules Ross

Place of Business, 25 Conway St.

Dr. Beck M. D.
Medical Attendant.

Address, 161 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Nelson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 432 S. Ann St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, Jan 21st 1880

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, John C. Schuck

Place of Business, Aliceanna St

Address, Comm of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Weinman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 37613,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Phil. Maninus

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 9 *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } No 1 Sadler's Court

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Meningitis

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Paules Cemetery

Date of Burial, June 21st 1880

Undertaker, J. Fitz

Place of Business, No 129 N Bond Street

J. L. Hall M. D.
Medical Attendant.

Address, 249 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ... No. ...

Board of Health, City of Baltimore,

Permit No. 37414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE MD

Date of Death, January 20 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John S. Lamberson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Michigan

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, { Give street and number } 48 Hanburg St

Cause of Death { First, (Primary,) Typhoid Fever

{ Second, (Immediate,)

Duration of last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 21st 1880

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw *Address,* 17 Warren av

H C Bartle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 20. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. T. Whitlock

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Miner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co. Md.

Duration of Residence in the City of Baltimore, Since 1866

Place of Death, {Give street and number} 210 E. Lombard St.

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,) Apoplexia

Duration of last Sickness, Three weeks,

All the above information should be furnished by the Physician.

Place of Burial, Cecil County

Date of Burial, Jan. 21

Undertaker, Wendelin Dippel

Place of Business, 1. Bond St. 151

Geo. Glanville Tuck M. D.
Medical Attendant.

Address, Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1644 Transcript

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 2

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1890 BALTIMORE

Date of Death, Jany 18. 1890

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy Trainer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md Baltimore

Duration of Residence in the City of Baltimore, Institution 11 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Spasm

Second, (Immediate,)

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jany 21 1890

Undertaker, Jos Bramwell

Place of Business, 156 Division St.

Mahony Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19 January 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Morris

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the ~~City of Baltimore~~, Home 16 days

Place of Death, { Give street and number } St Vincent Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, January 21, 1880

Undertaker, Jno Brannigan

Place of Business, 15 Division St

Mahony Brown M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 37418

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 January 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie Griffith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the ~~City of Baltimore~~, Institution 9 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,) Spasm

Duration of last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 21 1880

Undertaker, Jos Brannigan

Place of Business, 157 Division St.

Mahony Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Scott

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Thirty Three *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County

Duration of Residence in the City of Baltimore, Since Childhood

Place of Death, {Give street and number} 2 Redman's Court

Cause of Death {First, (Primary,) Consumption 6

Second, (Immediate,) Exhaustion

Duration of last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, Jan 21 1880

Undertaker, F. A. Kerchner

Place of Business, 80 S. Carrolle on

Julius Hall M. D.
Medical Attendant.

Southern Dispensary

Address, 77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1880 BALTIMORE

Date of Death, Jan 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gibb

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} 243 Conway St

Cause of Death {First, (Primary,) Phthisis

{Second, (Immediate,)

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial. January 21st

Geo. N. Benson M. D.
Medical Attendant.

Undertaker, F. N. Groll

Place of Business, #131 Hanover St *Address,* 144 Hanover St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1645 Francis

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20. 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Rosa Hild

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 5 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 91 Bank St

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) Hydrothorax & Odema of Lungs.

Duration of last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 22nd 1880

Undertaker, C. F. Krause

Place of Business,

D Dallas M. D.
Medical Attendant.

Address, 154 Shark

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Keighler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 76 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Dest maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 223 N. Caroline

Cause of Death {First, (Primary,) A fall injuring her hip
Second, (Immediate,) old age & Bysterlesis

Duration of last Sickness, Confined to her Room 1 year ill 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jany 22nd 1880

Undertaker, Fry & Bro

Place of Business, 54 N. Broadway

J. Ridgway Rudee M. D.
Medical Attendant.

Address, 1021 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan.y 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angaly Palaging

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 19 *Years,* Six *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ////

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Martinsburg W. Va.

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number} Frederick Avenue No. 98

Cause of Death { First, (Primary,) Hemorrhage of Lungs / Second, (Immediate,) Consumption

Duration of last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 22d Inst

Undertaker, J P Poulus

Place of Business, ~~Wash~~ 66 Fondout & *Address,* 114 W. Balto Street

P. S. Stearns M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back For

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosanna Pedrick

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Forty five *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give street and number} No 221 Bank [illegible]

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Hydro-Pericarditis

Duration of last Sickness, Lingering for Years Died Suddenly

All the above information should be furnished by the Physician. Dr Otis Called in Once to Attend not my Patient

Place of Burial, ~~Green Mount Cem~~ Long Island

Date of Burial, January 22nd 1880

N. J. Ford M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 169 Bank [illegible]

1646 Daniel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20th January 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hermann Didrich Brockhagen

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Sixty Seven *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Badbergen. Hanover. Germany,

Duration of Residence in the City of Baltimore, about 30 years.

Place of Death, { Give street and number } No 37. Sterrett Street Baltimore.

Cause of Death, { First, (Primary.) Pneumonia — Second, (Immediate,) Double Pneumonia —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 22 d

Undertaker, D. Meyer

Place of Business, 120 N. Howard

W C Nan Bibber *M. D.*
Medical Attendant.

Address, 44 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1880 BALTIMORE

Date of Death, January 21st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Saraner

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 29 *Years,* 5 *Months,* 22 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Steward in Sailing Vessels

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 364 N. Henry St

Cause of Death { First, (Primary,) Typhoid Pneumonia / Second, (Immediate,) Exhaustion

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Jan 22nd 1880

Undertaker, Jos. B. Cook

Place of Business, No 707 W Baltimore Street

Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1880 REGISTRAR

CERTIFICATE OF DEATH.

Date of Death, June 20th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. C. Clark

Sex, Male or Female, { cross out the word not required in this line. }

Age, Sixty two *Years,* two *Months,* Nine *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Mariner

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland Co. Md.

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, { Give street and number } 20 North Gilmor st

Cause of Death, { First, (Primary,) Asthma

Second, (Immediate,) Hemorrhage of the Lungs

Duration of last Sickness, About Two Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, June 22nd 1880

Undertaker, Jos. B. Cook

Place of Business, No 707 N. Baltimore Street

Wm. A. Jones M. D.
Medical Attendant.

Address, 93 Frederick ave. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 13428

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lister

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Real Estate agent

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number} 613 W Lombard st.

Cause of Death, First, (Primary,) Valvular disease of Heart.
Second, (Immediate,)

Duration of last Sickness, 12 Months, last death was on Sun

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Jan 23rd 1880

Undertaker, Jos. B Cook

Place of Business, No 707 W Baltimore Street

Geo C Byle Comm'r M. D.
Medical Attendant.

Address, 229 Cary st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37429

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Rosa Hatfield~~ Jan 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Hatfield Lechliter

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Md

Duration of Residence in the City of Baltimore, Five months

Place of Death, {Give street and number} 463 W. Lombard

Cause of Death, First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Bal & O. R.R. Lisbon Howard county

Date of Burial, Jan 22nd 1880

Undertaker, Jos. B. Cook

Place of Business, No 707 W Baltimore Street

John Neff M. D.
Medical Attendant.

Address, 535 W. Lafayette Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1847 Plate

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37430

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Crafton

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 87 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Middlesex County Virginia

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 368 McDonough St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) .....

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 22. 10 AM

Undertaker, A. O. R. Bandell

Place of Business, 278 N. Ann St.

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Morgan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Watchman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Cookman ch near York

Cause of Death First, (Primary,)

Second, (Immediate,) phthisis

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 23

Undertaker, J. Nash

Place of Business, [illegible]

Thomas Leeds M. D.
Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 21 1880 BALTIMORE

Date of Death, Jan 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Richard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 9 *Years,* 8 *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 208 Stiles St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Dropsy (General)

Duration of last Sickness, 6 weeks

The above information should be furnished by the Physician.

Place of Burial, Balt C

Date of Burial, Jan 22

Undertaker, Louis Kunkel

Place of Business, 10 Park St

J Hanny M. D.
Medical Attendant.

Address, 76 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within twenty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. JAN 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer E. Hunter

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 14 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 21 Bird st.

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, January 22.

Undertaker, B. Marle

Place of Business, 411 Light St.

Jeff. E. Ellis M. D.
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37434

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1890

CERTIFICATE OF DEATH.

Date of Death, Jan 21. 1890

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara L. Foster

Sex, Male or Female, { cross out the word not required in this line. }

Age, Five *Years,* Six *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Born in Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 21 East St. No. 433 Between Eutaw and Paca

Cause of Death, { First, (Primary,) Scarlatina / Second, (Immediate,) Oedema of Lungs

Duration of last Sickness, Six day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, January 22 1890

Undertaker, J. P. Cook

Place of Business, 707 W. Baltimore St

H. A. Jones M. D.
Medical Attendant.

Address, 23 Fremont Ave Balt. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880

CERTIFICATE OF DEATH.

Date of Death, January 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Naomi Cot

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 25 *Years,* ... *Months,* ... *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 86 Saratoga

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ...

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 22nd 1880

Undertaker, Samuel M. Perry

Place of Business, 263 Light st.

H W Welch M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37436

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 21 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Shaull

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Penna.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } 19 Clinton Ave

Cause of Death, First, (Primary,) Intestinal Obstuction

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Federal Hill

Date of Burial, Jan 23d 1880

Undertaker, Louis Schaefer

Place of Business, 109 W Fremont

D. Miller M. D.
Medical Attendant.

Address, 89 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1648 Fremont

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21st, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John I. Wes Forges

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Book dealer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New England

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number.} 162 Carrollton Ave. Balto.

Cause of Death, First (Primary,)

Second (Immediate,) Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 23 / 80

Undertaker, W. W. Jenkins & Son

Place of Business, 16 Light St *Address*

Hart J. Smith M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 37438

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hesther Steinberger

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 57 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bavaria 31 Years

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, { Give street and number } 267 E. Monument

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) ____

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, January 23rd 1880 C. C. Wm M. D.

Medical Attendant.

Undertaker, Wm. Eilau

Place of Business, 111 Gough St *Address,* 195 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37439

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37439

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia M. Max

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* 3 *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 190 Conway St.

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 Year

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, January 23rd

C. L. Buddenbohn M. D.
Medical Attendant.

Undertaker, Wm J. Feltmer

Place of Business, 65 S. Eutaw St

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan M. Silence

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 77 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 77 years

Place of Death, {Give street and number.} 22 Warren St.

Cause of Death, First (Primary,)

Second (Immediate,) Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 23rd of Jan. 1888

R. C. L. 22 M.D.
Medical Attendant.

Undertaker, Armstrong & Henry

Place of Business, Corner of Light & Montgomery St.

Address, Warren & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 37441

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 20. 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Chambers

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 53 Stockholm

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,) Asphyxia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 22/1880

Undertaker, Jacob Davis

Place of Business, 103 Lee St

P. J. Berge *M. D.*
Medical Attendant.

Address, 106 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mulcahy

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 53 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 52 Years in Balt

Place of Death, {Give street and number.} 7 West Lombard St

Cause of Death, {First (Primary,) ——— Second (Immediate,) Consumption of Lungs

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 23 d

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av

E. C. Jordan M.D.
Medical Attendant.

Address, 220 N. Monument St
City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 37443

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday, Jan 25th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Zell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 4 Fremont St.

Cause of Death { First, (Primary,) Phthis Pulmonalis.
, { Second, (Immediate,)

Duration of last Sickness, Nine Month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 22d

Wilmer Denton M. D.
Medical Attendant.

Undertaker, H. C. Middefeldt

Place of Business, 90 Greenmount Ave Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Schmid

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 67 S Chapel St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Lebanon Cem.

Date of Burial, Jan 23 1880

Undertaker, Peter Bauer

Place of Business, 92 S Paca St

Wm H Gundry M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Davidge

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, *Years,* 11 *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 28 Hillen St

Cause of Death {First, (Primary,) Accidentally choked by a piece of meat
Second, (Immediate,) Asphyxia

Duration of last Sickness, 20 minutes

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Jan 22nd 1880

Edmund R Wallace M. D.
Medical Attendant.

Undertaker, Theodore Locke

Place of Business, 73 Jefferson St *Address,* Corner n 9

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Southcomb

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 28 *Years,* *Months,* 16. *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Iron worker.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, always.

Place of Death, {Give street and number.} 91 South Eden st.

Cause of Death, First (Primary,) Gabritis & Gastro Enteric Fever -

Second (Immediate,) Inflammation of stomach & Bowels

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 24th 1880

Undertaker, Hoy W. Mears

Place of Business, 45 N. Gay St

John A. Conner M. D.
Medical Attendant.

Address 14 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 37447

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Queen

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} H. Harmony Lane

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bloods St Cemet

Date of Burial, Jan 22nd 1880

James A Steuart M. D.

Attending Physician

Undertaker, W. M. Duncee

Place of Business, East St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Weinman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. 37448

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Louise Keyser

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Three *Years,* Nine *Months,* one *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 123 Marion St.

Cause of Death First, (Primary,) Croup

Second, (Immediate,) Diphtheritic Paralysis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial,

Undertaker, J. E. Hough

Place of Business, 319 Penna ave

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ann Dice

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 251 N Charles St

Cause of Death, {First (Primary,) Bright Disease

Second (Immediate,) Uraemia

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount. Riggin Buckler M. D.

Date of Burial, 23rd January 1880 Medical Attendant.

Undertaker, H. W. Jenkins & Son Address 136 N Charles

Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 37450

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37450

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

ate of Death, January 21st 1880.

ull Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Klemm

ex, Male or ~~Female~~, {cross out the word not required in this line.} Male

ge, — *Years,* 4 *Months,* 3 *Days.*

olor, White

arried, Single, Widow or Widower, {Cross out the word not required in this line.} —

ccupation, —

irthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

uration of Residence in the City of Baltimore, —

lace of Death, {Give street and number} No 129. Hamburg st

ause of Death, First, (Primary,) Pneumonia (double)

Second, (Immediate,) Asphyxia

uration of last Sickness, 4 days

All the above information should be furnished by the Physician.

lace of Burial, Mount Olivet Cem.

ate of Burial, Jany 23rd 1880

C. L. Buddenhagen M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts. *Address,* 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE

Date of Death, January 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Phillips

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore Co Maryland

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number} 331 N Howard St

Cause of Death, First, (Primary,) Pneumonia 1 yr once

Second, (Immediate,) Phthisis Pulmon

Duration of last Sickness, nearly 5 months

All the above information should be furnished by the Physician.

Place of Burial, Lake Station Balto Co

Date of Burial, Jan 23d 1880

Jno B Turner M. D

Medical Attendant.

Undertaker, Andrews & Hadyes

Place of Business, No 416 Druid Hill Av *Address,* 81 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be th duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, t furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate se ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the pe son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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1649

No. 37452

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Greenfield

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 30 *Years,* 6 *Months,* 12 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Jonestown

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number} 403 MC Henry St

Cause of Death, {First, (Primary.) Softening of Brain

{Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 23 1880

James Bosley M. D.
Medical Attendant.

Undertaker, Jos. R Cook

Place of Business, 1701 W Baltimore Street — *Address,* 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37453

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37453,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schaffner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 45. *Years,* 10 *Months,* 5. *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coal dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 15 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 175 Pierce

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, January 24th 1880

Louis H. Korn M. D.
Medical Attendant.

Undertaker, B. Lansburgh

Place of Business, 41 Mulberry St. *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37454

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Williams

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 125 Pierce St.

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Home

Date of Burial, Jan 24 1880

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

D. G. Keller M. D.
Medical Attendant.

Address, S. E. cor Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37455

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Naylor

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 6 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 2 Mos.

Place of Death, {Give street and number} 16 Brune St.

Cause of Death, {First, (Primary,) Pneumonia

Second, (Immediate,) ~~Fever (4) Weeks~~

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 24 1880

Undertaker, Matthew Cademan

Place of Business, 227 Mulberry St.

D. L. Shew *M. D.*
Medical Attendant.

Address, 879 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37456

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 21st 4 Pm 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Dalton

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland Galway Co.

Duration of Residence in the City of Baltimore, Two (2) Years

Place of Death, { Give street and number } No 174 Belmont Av.

Cause of Death, First, (Primary,) Carcinoma of Abdoma Epithelioma Repeated

Second, (Immediate,) Cardiac Embolism

Duration of last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 23rd 1880

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw

I N Keirle M. D.
Medical Attendant.

Address, Balto Med Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Lee Stembler

Sex, Male or ~~Female,~~ {cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months,* ..... *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} S.E. Cor Balt & Gilmore

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) "

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Jan 25th 1880

Undertaker, Jno B. Cook

Place of Business, No 707 W Baltimore street

Thomas Obie M. D.
Medical Attendant.

Address, 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Kenna

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Monaghan Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} No 16 Wilkens Alley Bury from No 237 S. Howard st

Cause of Death, First (Primary,) Senility

Second (Immediate,) Marasmus

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Jan 25th 1880

Undertaker, Jas R Cook

Place of Business, No 707 W Baltimore Street

Wm J McLenlen M. D.
Medical Attendant.

Address No 763 W Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 37459

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22d 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Thomas

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, { Give street and number } 348 Hanover st.

Cause of Death { First, (Primary,) Laryngitis

Second, (Immediate,) Strangulation

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Jan 24th 1880

Undertaker, C F Krause

Place of Business,

R W Ellis *M. D.*

Medical Attendant.

Address, 354 Lee st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37460

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE

Date of Death, Thursday. Jan 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Rafferty

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 3 Vally St:

Cause of Death {First, (Primary,) Scarlet Fever

{Second, (Immediate,)

Duration of last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 23rd 1880

Wilmer Barlow M. D.
Medical Attendant.

{*Undertaker,* Jas C Byrne

{*Place of Business,* 63 Front St *Address,* 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 22d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Col. Jacob Mohler -

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va -

Duration of Residence in the City of Baltimore, 3 weeks -

Place of Death, {Give street and number} 765 Saratoga

Cause of Death { First, (Primary,) Valvular Disease of heart -
Second, (Immediate,) (Anasarca) Dropsy -

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Va.

Date of Burial, Jany 24/80

Thomas Shearer M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 527 W Fayette St

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1650 Frances

No. 37462

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 25 1880 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Getz (Getz)

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 5 Six *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mare Birth City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 12 Walnut St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 4 Weeks 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan. 25. 1880

Undertaker, Ph Jacob Dee

Place of Business, 183 Columbia Ave

..... *M. D.*
Medical Attendant.

Address, 133 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3744.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3744 63

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mallen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Grocer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Edenderry Kings Co Ireland

Duration of Residence in the City of Baltimore, Thirty Years.

Place of Death, {Give street and number} Corner Gilmor & Mulberry Sts

Cause of Death { First, (Primary,) Paralitis
Second, (Immediate,) Apotherice,

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Jan 23rd 1880

A. P. Gealis *M. D.*
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 39 N Liberty *Address,* 133 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37464

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 23 1880 BALTIMORE

Date of Death, January 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henderson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 11 *Years,* Four *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life of site.

Place of Death, {Give street and number} 181 Park St

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23 1880

Undertaker, H M Chase

Place of Business, No 198 Howard St

D S Boone *M. D.*
Medical Attendant.

Address, 206 Druid St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...COMPANY & CO. CITY PRINTERS AND STATIONERS.

No. 37465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dolly Truly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 105 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 93 Lee St. Aged Men & Womens Home

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Old age

Duration of last Sickness, Has been ailing for nearly 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem'y

Date of Burial, Jan 29 1880

Undertaker, H. H. Chase

Place of Business, No 198 Howard St

R. M. Hall *M. D.*
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37466

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37466

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, [redacted] 80.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estella Goldborough.

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ____ *Years,* 10 *Months,* 4 *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 74 Myrtle av.

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 24 / 1880

Undertaker, F. H. Chase

Place of Business, 98 E. Lombard st

Louis L. Loom M. D.
Medical Attendant.

Address, 226 Lombard L.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lurgo

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 12 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cedar St

Cause of Death, First (Primary,) Fracture of the Skull

Second (Immediate,)

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Jan 24th 1880

Undertaker, Armstrong & Dunn

Place of Business, 213 Light St

J G Hosselle *M. D.*
Medical Attendant.

Address, 2031 Lancaster

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 37468

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 8 *Months,* ..... 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 102 Wilcom Alley

Cause of Death First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 24

Undertaker, Hercules Ross

Place of Business, 95 Conway St

J. H. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton G. Arnold

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years~~ ~~Months~~ 9 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 56 Greenmount Ave

Cause of Death, First, (Primary,) Premature birth (8th month)

Second, (Immediate,)

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 24th 1880

Thos. Bloom M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, Highland Town

Address, Eloe Cayer Northend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

Date of Death, January 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nina Selina Wright

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Orleans, La

Duration of Residence in the City of Baltimore, about 45 years

Place of Death, {Give street and number.} 143 Canal st

Cause of Death, First (Primary,) Dilatation of right & left chambers of the heart. pulmonary Emphysema & pulmonary oedema

Second (Immediate,) Cardiac asthenia & Syncope

Duration of Last Sickness, Failing health for several years; rapidly for the last two months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, 25th Jan. 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

S. E. Shaw M. D.

Medical Attendant.

Address 141 Canal st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 37471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anne L Jones

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } "

Occupation, "

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 154 N Calvert St

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Catarrh Fever.

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 24th Jan. 1880

J H Watters M. D.
Medical Attendant.

Undertaker, H W Jenkins Son

Place of Business, 16 Light St

Address, 75 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37472

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry McGuire

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 107 Howdson alley

Cause of Death First, (Primary,) Mal. Nutrition

Second, (Immediate,) Convulsions

Duration of last Sickness, all his life delicate

All the above Information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Jan 24th 1880

Undertaker, C. T. Scriven

Place of Business, N. Eutaw St

James A Ellis M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37473

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Scriba

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* 1 *Months,* 25 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 214 Fredric Avenue

Cause of Death, First, (Primary,) acutus malus Bright's.

Second, (Immediate,) et Currant Pneumonia.

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, January 25th 1880

Henry Selzer M. D.
Medical Attendant.

Undertaker, John P Paules

Place of Business, 66 Fredrick Ave *Address,* 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 374774

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37474.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry F. Herbst

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Nine *Years,* Four *Months,* Twenty five *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number} No. 231 Barke St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Gen

Date of Burial, Jan 25th 1880

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw

J. Tyler Smith M. D.
Medical Attendant.

Address, 231 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

THE SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 37475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

Date of Death, Jan 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana Ross

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fourty one *Years,* ~~Fourty~~ Two *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the wor ls not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Alexandria Va

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number.} 313 Louden Ave

Cause of Death, First (Primary,) Parturition

Second (Immediate,) Septicaemia

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 24th 1880

Undertaker, William Weaver

Place of Business, No 202 N. Eutaw St

I Elias C Price M. D.
Medical Attendant.

Address 762 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 37476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37476

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d of January 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nettie Ferber

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life'time

Place of Death, { Give street and number } 51 N. Chapel St.

Cause of Death { First, (Primary,) Diphtheria / Second, (Immediate,) Paralysis cardiac

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Jan 25th 1880

Undertaker, Michael Frano

Place of Business, 280 Canton Ave

J. Slattery M. D.
Medical Attendant.

Address, 245 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 37477

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 23 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Douglass

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } No. 161 S. Washington St.

Cause of Death, { First, (Primary,) — Second, (Immediate,) } Peritonitis

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Holy Cross

Date of Burial, Jany 25th

Undertaker, M. Clarke & Son

Place of Business, 64 E. Balto

W. Keighty M. D.
Medical Attendant.

Address, 24 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

PREPARED JAN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hünicheun

Sex, Male or Female, {cross out the word not required in this line.}

Age, 42 *Years,* 6 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 20 N. Liberty

Cause of Death, First, (Primary,) Phthisis Pulm.

Second, (Immediate,) Tubercular Diarrhoea

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 25 1880

D L Rust M. D.
Medical Attendant.

Undertaker, Wm. S. Hughes

Place of Business, 60 E. Lee [illegible] *Address,* 154 Sharp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CALVERT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Welsh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* 4 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number.} No. 36 Towson St.

Cause of Death, First (Primary,) Inflam. of Lungs

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan. 25. 1880

Undertaker, M. A. Daiger

Place of Business, 711 S. Broadway

A. M. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 37480

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37480.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Wright

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ~~Years,~~ 2 *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, +

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 12 Libert St

Duration of Residence in the City of Baltimore, all time

Place of Death, {Give street and number.} No 12 Robert St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, January 24

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Pilcrick *M. D.*

Medical Attendant.

Address, No 36 Davis St

Baltimore City Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 37481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Etta Henson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 96 Hannibal st

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 96 Hannibal st

Cause of Death {First, (Primary,) .....
Second, (Immediate,) Acute Bronchitis
5 days

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 25

Geo. H. Dewar M. D.
Medical Attendant.

Undertaker, Hercules Hoss

Place of Business, 95 Conway St *Address,* 114 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37482

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1880 BALTIMORE MD.

Date of Death, Jan 24th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Honora Conlon

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Fl

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Cirrhosis of Liver

Second, (Immediate,) Asthenia

Duration of last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 26

Undertaker, P Matthew Cadogan

Place of Business, 121 McHenry St.

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OTAR.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37483

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1890 BALTIMORE

Date of Death, Friday January 24th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Duckett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 8 *Months,* 1 *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Drayman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} No 25 Little George St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician

Place of Burial, Owens Mills

Date of Burial, Jan 28th 1890

Undertaker, John G. Jacobs

Place of Business, No 68 Park Ave

J. E. Wilson *M. D.*
Medical Attendant.

Address No 8 Little George

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 37484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ives Brown

Sex, Male or Female, {cross out the word not required in this line.} "

Age, 75 *Years,* 10 *Months,* 19 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Rochelle N York

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} S E Corner Druid Hill Ave & Laurens

Cause of Death First, (Primary,) Cancer (3 Years)

Second, (Immediate,) Exhaustion

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Fallston Harford Co

Date of Burial, January 26th 1880

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 22 McCulloh St

E Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Insert 165

No. 3/485

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 27485

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 24th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Black

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Forty two *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Huckster

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } — Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Broadway & Aliceanna

Cause of Death, { First (Primary,) Hemoptysis. / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jany 26th

Undertaker, M. Clarkspro

Place of Business, 629 E Balto

W. C. Ireland *M. D.*
Medical Attendant.

Address Coroner - East Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 37486

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary Annetta Mathews

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Nun

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charles County Md

Duration of Residence in the City of Baltimore, Four days

Place of Death, {Give street and number} Convent of Visitation Park Ave

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,)

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, in their own Grounds Park & Centre sts

Date of Burial, 25th Jan. 1880

Chas A Donovan M. D.
Medical Attendant.

Undertaker, H W Jenkins Son

Place of Business, 16 Light St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37487

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert L. Kenny

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 54 N. Dallas St.

Cause of Death First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, [redacted]

Undertaker, George C Rodenmayer

Place of Business, 38 Carson Street *Address,* 137 Orleans St

W. A. Lucas *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

18

No. 37488

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Lichtenberg

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* 10 *Months,* 13 *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Soapmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number} McHenry Sp — near Monroe St

Cause of Death, First, (Primary,) Remittent fever and subsequent Bronchi

Second, (Immediate,) Asthenia

Duration of last Sickness, about 10 ds

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 25th 1880

C. C. McDowell *M. D.*
Medical Attendant.

Undertaker, Chas B. Cook

Place of Business, No 707 W. Baltimore Street *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

18

No. 37489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1930 BALTIMORE

Date of Death, Jan 24/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oden B. Reed

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 7 days. 4

Place of Death, {Give street and number} W. Balto St. near Fulton.

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions.

Duration of last Sickness, Two (2) days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Jan 25th 1880

Undertaker, Jos. B. Cook

Place of Business, No 707 W. Baltimore Street

H. L. Smith M. D.
Medical Attendant.

Address, 879 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37455

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Baxter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~25 years~~ Md

Duration of Residence in the City of Baltimore, 6 ~~25 years~~

Place of Death, {Give street and number} 108 Central Ave

Cause of Death { First, (Primary,) Cerebral
Second, (Immediate,) Apoplexy

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jany 25th 1880

Undertaker, Wm. J. Taylor

Place of Business, 64 E Baltimore *Address,* Corner N & D

Edmund Rowalze M. D.
Medical Attendant.

HEALTH DEPARTMENT JAN 25 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

3749

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1880 BALTIMORE

Date of Death, January 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Witzel

~~*Sex, Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White *Sex,* ____

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~ ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 517 the Elderslie

Cause of Death, {First (Primary,) Diphtheritis

Second (Immediate,) Paralysis cardiac

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Jan 25th 1880

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave Address 1755 Hillsmere

H Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 37492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Lineweaver

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* Half hour *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 19 N Charles St

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Premature Birth

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 26th 80

Undertaker, M. Thomas

Place of Business, 280 Eastern Ave

J. Smith *M. D.*
Medical Attendant.

Address, 9 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 Jany. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David McAbee

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, R R Employee

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} near the arch Cathedral St extended

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) apoplexy

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn P.R.

Date of Burial, Jan 26th 1880

Undertaker, Chas. F. Sensenev

Place of Business, 271 E. Baltimore

Geo Lane Donaghue M. D.
Medical Attendant.

Address, 129 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

June 1652

No. 37494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37494

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~John Steryeck~~ January 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Steryech

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia (germanie)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death First, (Primary,) general debility

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 26th 1880

Undertaker, Henry Shelheis

Place of Business,

Jno Brooke Boarle M. D.
Medical Attendant.

Address, 16 E Eager St

THE HEALTH DEPARTMENT JAN 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37495

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M. Cox

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 75 Holland St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Meningitis.

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 26th 1880

Undertaker, J. F. Bennett & Co.

Place of Business, 6 Aisquith St.

Chas. H. Eyrich, M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permits

No. 37496

The Special Attention of ... respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23d 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Christmann

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Can maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give street and number} Balt. Infirmary

Cause of Death { First, (Primary,) Septicaemia. / Second, (Immediate,) asthenia.

Duration of last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 26th 1880

Undertaker, Leonhard Veers

Place of Business, S. Bond St. 232

T. B. Brune M. D. Medical Attendant.

Resident Physician

Address, Balt. Infirmary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 37497

Board of Health, City of Baltimore,

Permit No. 37497

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Heisbecker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* 10 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 34 Liberty st

Cause of Death, First (Primary,) Rupture

Second (Immediate,) "

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Pont

Date of Burial, Jan 26th 1880

Undertaker, Chas L Remington M. D.
Medical Attendant.

Place of Business, 69½ W. Balt st *Address* 98 N Greene st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 37498

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37498

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Schlinkman

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 76 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } Widow

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number } 812 W. Baltimore St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis from Cerebral Effusion

Duration of last Sickness, Two (2) hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jany 26th 1880

J Shelton Hill M. D.
Medical Attendant.

Undertaker, Denny & McFaul

Place of Business, 537 W Fayette St *Address,* 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits

No. 37499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years*, ... *Months*, ... *Days*.

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 27th 1880

Undertaker, Jos. B. Cook

Place of Business, No 701 W Baltimore street

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37500

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Keezy

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 68 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number} 455 Franklin St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Haemorrhage

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Jan 26th 1880

Undertaker, Wm. H. Cook

Place of Business, No 709 N. Baltimore street

W. W. Johnson M. D.
Medical Attendant.

Address, 324 East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37501

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah de Graff

Sex, Male or Female, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give street and number} 34 Lemon st

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Jan 27 1880

Undertaker, Jos. S. Cook

Place of Business, 1607 Baltimore Street

H. L. Shuer M. D.

Medical Attendant.

Address, 379 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Edna Veach.

Sex, ~~*Male*~~ *or Female,* { Cross out the words not required in this line. }

Age, ... *Years,* 2 *Months,* 5 *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City,

Duration of Residence in the City of Baltimore, all her life.

Place of Death, { Give street and number. } 172 Hollins St.

Cause of Death, { First (Primary,) Marasmus.

Second (Immediate,)

Duration of Last Sickness, 42 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 26th 1880

Undertaker, Jos. B Cook

Place of Business, No 707 W Baltimore street

John I. A. Shaw M.D.
Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37503

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Slaven

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 35 Church Ct

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate,) Convulsions

Duration of last Sickness, Half hour

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem

Date of Burial, Jan 26th

Thos Turner M. D.
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, #131 Hanover *Address,* 246 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The ...

Board of Health, City of Baltimore,

Permit No. 37504

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

Date of Death, January 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frederick Lotter

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Two *Years,* Seven *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} N & S. Peters St. (Live birth.)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N & S. Peters St.

Cause of Death, {First (Primary,) Diphtheritic Croup

Second (Immediate,)

Duration of Last Sickness, Nine (9) days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, January 27th 1880

Undertaker, John Wacker

Place of Business, No 150 Camden St.

Chas. McDonnell M. D.
Medical Attendant.

Address, 116 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

Permit No. 37505

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

Date of Death, January 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Goepfert

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* 3 *Months,* 20 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Harness Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 258 S. Bond St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Haemoptysis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, January 27

Undertaker, C. Anders Contractor,

Place of Business, 252. Eastern Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is respectfully invited to the Returns below, and to List of Diseases on back of this.

Board of Health, City of Baltimore,

Permit No. 37506

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1880 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) / Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 26

Undertaker, Hercules Ross

Place of Business, 95 Donnell St *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3750 7

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 26 1880 BALTIMORE

Date of Death, Jan 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Shaf

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 1 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 263 N Dallas St

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial,

Undertaker, [illegible]

Place of Business, [illegible]

M. B. Billingslea M. D.
Medical Attendant.

Address, Hanover Ave & Bridge

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN. 26 1880 BALTIMORE

Date of Death, January 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Mathews

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 30 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Tailor

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pomerania

Duration of Residence in the City of Baltimore, ~ 8 years ~

Place of Death, {Give street and number.} No 5 Castle st

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, January 26 - -

Undertaker, John Heaney

Place of Business, 352 Eutaw St.

Thomas P. Evans M. D.
Medical Attendant.

Address, 12 Linden Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3750

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

Date of Death, January 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Morrison

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 14 **Years,** ... **Months,** ... **Days.**

Color, Colored

Married, Single, Widow or Widower {Cross out the word not required in this line.} Married

Occupation, Shoe Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, About (9) nine Years

Place of Death, {Give street and number} 15 S. Caroline St

Cause of Death First, (Primary,) Bright's Disease of the Kidneys

Second, (Immediate,) Uremia

Duration of last Sickness, About Six (6) months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 26 - 1880

Undertaker, Samuel W. Chase

Place of Business, 198 S. Howard St

G. L. Wilkins M. D.
Medical Attendant.

Address, 77 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37870

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Gould

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 307 Howard St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pelvic Peritonitis

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, January 26 1880

Undertaker, Samuel N. Chase

Place of Business, 198 S. Howard St.

L. W. Hall M. D.
Medical Attendant.

Address, 26 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 3757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustus and Mary Hirsch

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} United States

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 354 N. Gilmore

Cause of Death, First, (Primary,) Tetanus Neonatorum no cause could be

Second, (Immediate,) Discovered, the child was perfectly healthy when born

Duration of last Sickness, was ill 24 hours died from Exhaustion

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial,

Undertaker, John H. Pravetz

Place of Business, —

Emma E. Steen M. D.
Medical Attendant.

Address, 183 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3751 2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 15. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Nein (Dr)

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

Age, ~~*Years,*~~ ~~*Months,*~~ 1 *Days.*

Color, Wh *Sex,*

~~*Married, Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 165 S. Eutaw

Cause of Death, { First (Primary,) Marasmus / Second (Immediate,) }

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, Jan 20

{ *Undertaker,* [illegible]

{ *Place of Business,* [illegible] *Address* [illegible]

J Tuthill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,)* ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 27 ..... *M. D.*

Medical Attendant.

Undertaker, W. W. Lemmon & Son

Place of Business, 32 W Balto ..... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37514

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

Date of Death, Jan 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos P. Frank

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} S. Gough St

Cause of Death, First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,) Convulsions & Pneumonia

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, ____

Undertaker, W. Duffield

Place of Business, ____

Geo. B. Lynch M. D.
Medical Attendant.

Address, 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 37575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

Date of Death, Jan. 25, 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Hannah

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 4 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 102 Spruce alley

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,) Inflammation

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Jan 26 1880

Undertaker, P. Mullin

Place of Business,

W. H. Watts M. D.
Medical Attendant.

Address, 2 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Duvall

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 76 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1 Gillis Court

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Old Age

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 27 1880

James A Slemmer M. D.
~~Medical Attendant.~~

Undertaker, W. M. Dennee

Place of Business, East St

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by E. L. Wenmaker [over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 3757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny [illegible] Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color,

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} [illegible]

Cause of Death {First, (Primary,) [illegible]

{Second, (Immediate,) Collapse

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery,

Date of Burial, January 28

Undertaker, B. Hurd

Place of Business, 411 Light St.

[illegible] *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Osswinkle

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 360 N Washington St.

Cause of Death { First, (Primary.) Dentition. / Second, (Immediate,) Convulsions.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount,

Date of Burial, Jan. 27/80

Undertaker, C. H. Roberts

Place of Business, 97 Orleans.

Sam'l E. Sowell M. D.
Medical Attendant.

Address, No 29 Fisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said diseased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Brown

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, about 25 *Years,* *Months,* *Days.*

Color, cd

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, { Give street and number } 4 Elder Alley

Cause of Death { First, (Primary,) Abortion / Puerperal Fever

, { Second, (Immediate,) 1 week

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, Jan 29 1880

{ *Undertaker,* J. C. Justice

{ *Place of Business,* 1265 Fulton Ave

T. C. Winslow *M. D.*
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 37520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria & Christian Hechmer (Parents)

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1/2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 59 N. Amity St

Cause of Death, {First, (Primary.) Premature Birth / Second, (Immediate,) Asthenia

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 27th 1880

Undertaker, John Feifel

Place of Business, W. Balto St

James H Lewis M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen R Reed

Sex, Male or Female, {cross out the word not required in this line.}

Age, 33 *Years,* 9 *Months,* 1 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore 33 years.

Place of Death, {Give street and number} #32 W. Frederick above Fountain St

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Puerperal Fever

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Londen Park cemetery

Date of Burial, Jan 28th 1880

Undertaker, Jas. B. Carr

Place of Business, No 707 W Baltimore Street

H. L. Jones M. D.
Medical Attendant.

Address, 37 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 37524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Reas

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 80 *Years,* 5 *Months,* 17 *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Brick Mason

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} E. S. Street & Old Fells

Cause of Death { First, (Primary,) Bronchitis
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 27th January 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

J. Wm Chilcoat ~~M. D.~~
Medical Attendant.

Address, 121 W. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Kreuss

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 40 *Years,* 4 *Months,* 4 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, L

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 58 York st

Cause of Death, First, (Primary,) Puerperal Fever

Second, (Immediate,) 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, January 28

Undertaker, [illegible]

Place of Business, Bond & Hall

Trevor Cook, M. D.
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Martin Townsend

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 5 *Months,* — *25 Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Liquor Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Saw Hill Worcester Co Md.

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, {Give street and number.} 507 N Fayette st

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 28th 1880

Undertaker, John H. Weaver & Co.

Place of Business, #22 W. Fayette St.

T Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Middleton

Sex, Male or Female, {cross out the word not required in this line.}

Age, 53 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 230 N Wolfe

Cause of Death { First, (Primary.) Old age
Second, (Immediate.) Apoplexy probably sudden death }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Olivet

Date of Burial, January 27th 80

Undertaker, Wm H. Hickman

Place of Business, 23 E. Gay St.

Edmund Brooke M. D.
Medical Attendant.

Address, Corner N & Wolfe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. J. Bell,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number} 447 E. Fayette St.

Cause of Death First, (Primary,) Pneumonia.

Second, (Inimediate,) Asphyxia

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, January 28th 1880

H. H. Kuck M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* Bell. & Mar. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Sheffer

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

~~*Married, Single,* Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Boundry ave & Park

Cause of Death, First (Primary,) Dyptitheria

Second (Immediate,) Paralysis

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Potts. Prot. Cemetary

Date of Burial, Jan. 27th. 1880.

Undertaker, Geo. Saffran.

Place of Business, 121. Pennsylvania Ave

William Lee M. D.
Medical Attendant.

Address Eutaw & Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Alice Hagan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, c d

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore 96 Harmony Lane

Duration of Residence in the City of Baltimore, His entire life

Place of Death, {Give street and number} 96 Harmony Lane

Cause of Death { First, (Primary,) Pulmonary Catarrh
Second, (Immediate,) Ex. Consumption

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 27 1880

Undertaker, P. Kummert

Place of Business, Mulberry St *Address,* 64 N Pace St

W M Hammond *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37529

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A Kirby

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 22 *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto and

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 199 French st

Cause of Death, {First (Primary,) Vascular disease of heart

Second (Immediate,)

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan. 27. 1880

Undertaker, M. A. Darger

Place of Business, 94 S. Broadway

H C Hull M.D.
Medical Attendant.

Address, Highland town

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 37530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

Date of Death, January 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Unkelbach

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number} Removed above Eager St

Cause of Death { First, (Primary,) Cancer of Caecum
Second, (Immediate,) Exhaustion

Duration of last Sickness, ~~about 2~~ nearly a year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cem.

Date of Burial, Jan. 28th 1880

Undertaker, Adam Funk

Place of Business, 461 N. Gay St

J. A. Wane M. D.
Medical Attendant.

Address, 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

JAY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 37531

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

Date of Death, January 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kotatick

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* Seven *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 19 Barney St

Cause of Death, First, (Primary,) Pseudo membranous Croup

Second, (Immediate,) Asphyxia

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Bom.

Date of Burial, Jan. 27th 1880

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

Firstlevir M. D.
Medical Attendant.

Address, 56 E. Eager Jarvis St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

Permit No. 37532

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th. January 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Heinrich ~~Spring~~ Shreen

Sex, Male or Female, { cross out the word not required in this line. }

Age, 70 *Years,* 9 *Months,* ——— *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Labourer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Tallenstedt Kreis v. Gumming

Duration of Residence in the City of Baltimore, 35 yeas

Place of Death, { Give street and number } S. Bethstreet 35.

Cause of Death, First, (Primary,) ——— } Marasmus senilis.

Second, (Immediate,) ——— }

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mount Clemens

Date of Burial, January 28th 1880

Undertaker, Conn. ater

Place of Business, 161 E. Balt. st

William Henkel M. D.
Medical Attendant.

Address, S. Bethst. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 27 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Satm

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 656 N. Eighth St.

Cause of Death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) Anaemia

Duration of last Sickness, 5 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Jan. 28 1880

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

A H. Sachs M. D.

Medical Attendant.

Consultation with C. H. Jones. M.D.

Address, 543 Lexington

" Cr. Fayette Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... January 27, 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Rose King

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } .....

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, Colt

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ..... Ireland

Duration of Residence in the City of Baltimore, ... 7 yrs

Place of Death, { Give street and number } ..... 5 Hull st alley

Cause of Death { First, (Primary,) ..... Chronic Diarrhoea

Second, (Immediate,) ..... "

Duration of last Sickness, ... 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemet

Date of Burial, Jan 28th 1880

Undertaker, Jas P Byrne

Place of Business, Front St

Wm P Elliott M. D.
Medical Attendant.

Address, 314 Eastern ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27 January 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jany 28. 1880

Undertaker, Jos Bramiford

Place of Business, 156 Division St.

Martin Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 37536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 January 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anastasia

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 6 weeks *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the City of Baltimore, Her whole 3 weeks

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 28. 1880

Undertaker, Dr Brannigan

Place of Business, 156 Division St

Martin Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Seitz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 4 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 37 Johnny Alley near Cross

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 27th 1879

Undertaker, C. F. Krause

Place of Business,

C. L. Buddenbohm M. D.
Medical Attendant.

Address, 46 E. Pacca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTED BY J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 27 - 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Askey Father's

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* one *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bath, Md.

Duration of Residence in the City of Baltimore, — —

Place of Death, { Give street and number } 189 Argyle ave —

Cause of Death { First, (Primary,) } by convuls —

{ Second, (Immediate,) } Imperfect development of the heart.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 28th 1880

Undertaker, Thos S. Hughes

Place of Business, 60 E. Balto St.

John J. King M. D.
Medical Attendant.

Address, 71 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo.

Permit No. 37539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederic Soegeler

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 268 Greenmount Ave

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 28 1880

Undertaker, Henry Stoeckl

Place of Business, 309 Central Ave

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37540

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in [illegible] last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. JAN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } George W. Hughes

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 26 *Years,* 3 *Months,* 18 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 26 yrs. +

Place of Death, { Give street and number. } 99 Collington Ave

Cause of Death, { First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 29th 1880

{ *Undertaker,* Denny & Mitchell

{ *Place of Business,* 65 S Broadway *Address* 306 Madison Ave

William Reiss M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 37571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Jany 27

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ..... Wilhelmina Ewell

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, { Give street and number } 65 Church Ct

Cause of Death { First, (Primary,) Femoral Exhibitg , Second, (Immediate,) Pneumonia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, January 29

Undertaker, Hercules Ross

Place of Business, 95 Conway St

D. H. Ewell M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 37543

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lottie Hoffman

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 8 S. Madison alley

Cause of Death, { First, (Primary,) Croup

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 28th 1880

Undertaker, M. A. Daiger

Place of Business, 714 S. Bond

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37543 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE

Date of Death, Jan 26th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Riley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 81 *Years.* *Months.* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 391 E Madison St

Cause of Death, { First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Govans over Balto Co. Md

Date of Burial, January 28th 1880

Undertaker, Henry Hoerle

Place of Business, 309 N. Eutaw St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

Permit No. 37544

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kaspar Steinle

Sex, Male or Female, {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, dyer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 330 c Monument street

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,)

Duration of last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan. 29th 1880

Undertaker, Henry Hoeck

Place of Business, N. Central Ave *Address,* 160 Saratoga

J. J. Litzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 37545

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maany Thaler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 20 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Live

Place of Death, {Give street and number} 136 Chappel

Cause of Death, First, (Primary.) Pneumony

Second, (Immediate.) Consumption

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, Jan. 29th '80

Undertaker, J. M. France

Place of Business, 280 Canton Ave

Wm. J. Fitter. M. D.
Medical Attendant.

Address. 160 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 37546

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia Reed

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 200 Howard St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Gastro-Enteritis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 29 / 1880

Undertaker, Samuel Chase

Place of Business, 198 S Howard St

A. M. Stace M. D.
Medical Attendant.

Address, 962 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Dickburn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, W. C.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 212 Alice ann st

Cause of Death First, (Primary,) Intemperance

Second, (Immediate,) Exhaustion (Exact cause not known)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, January 27

Undertaker, Patrick Mullin

Place of Business,

Edmund Rowland M. D.
Medical Attendant.

Address, 6 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTIC

Permit No. 37528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm R. Prigg

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, {Give street and number} 188 Hanford Ave.

Cause of Death First, (Primary,) Acute Meningitis

Second, (Immediate,)

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 29th/80

Jno Brooke Boyle M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Ashland Square *Address,* 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 37549

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie I. Rothaupt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 150 Pierce St

Cause of Death, First, (Primary,) Dr. Double Pneumonia

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 29 1880

D. J. Hill M. D.
Medical Attendant.

Undertaker, P. Trimmer

Place of Business, Mulberry St. *Address,* 361 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 37550

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 28

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James R. Miller

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 61 Mulberry Street

Cause of Death, { First, (Primary.) Diphtheria, Laryngeal Croup

Second, (Immediate,) Exhaustion

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Dallas Cemetery

Date of Burial, Jan 29th 1880

Undertaker, Geo A Vaeth

Place of Business, 51 N. Broadway

_____ M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37537 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 26th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, Black *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Talbot County, Md,

Duration of Residence in the City of Baltimore, about 12 years

Place of Death, {Give street and number.} 237 S. Eutaw St.

Cause of Death, First (Primary.) Consumption.

Second (Immediate.)

Duration of Last Sickness, about 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28

Undertaker, Perkins & Kane

Place of Business, 180 Eutaw st. *Address*

J. B. White M. D.
Medical Attendant.

Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted, and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

Permit No. 37552

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurate* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Hebron

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United State if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Olivia St near Bell air Ave

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28th 1880

Thomas H Stein M. D.

Undertaker, W. M. Dunger

Place of Business, East St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

Permit No. 37553

OFFICE OF REGISTRAR OF VIT

The Physician who attended any person in a last illness is responsible for the presentation of this Certifi
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of s
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP
JAN
29
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Petzold

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, One *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 109 S. Sharp St

Cause of Death { First, (Primary,) Scrofulosis
Second, (Immediate,) Spasms

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 29th of Jan 1880

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St

Chas F. Heuser M. D.
Medical Attendant.

Address, 68 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 9034

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37554

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 25-Th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosy Harris

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 155 Harmony Land

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, nine days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, January 27th 1880

H. H. Hill M. D.
Medical Attendant.

Undertaker, Wm Wm Gray

Place of Business, 65 Mulberry St *Address,* 361 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26 to 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilcie Landmire

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5ve *Years,* Few *Months,* Nine *Days.*

Color, Black

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Child

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 7 Selden Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Diptheria

Duration of Last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, January 28th 1880

Undertaker, Wm. N. Dunger

Place of Business, 1062 East St

J. E. Shutt M. D.
Medical Attendant.

Address 1025 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Haas.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 2 / *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 224 N. Eden

Cause of Death, First, (Primary,) Apoplexy Immediate

Second, (Immediate,) ———

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cemetery

Date of Burial, Jan' 29

Henry B. Gundry M. D.
Medical Attendant.

Undertaker, E. Herget

Place of Business, 96 S. Eden St. *Address,* ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 BALTIMORE

Date of Death, January 27 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Bassman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* — *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 525 Franklin St.

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Near Sinai Cemetery

Date of Burial, 29th January

Undertaker, C. Weidemeyer

Place of Business, 518 W Balto St *Address,* 185 W [illegible]

H. A. Crim *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sheehan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 102 Eastern Ave.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 2 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 29 th

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilford Ave *Address,* 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Ship Carpenter.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number.} 23 Block St.

Cause of Death, First (Primary,) Disease of heart. Hypertrophy & Valvular disease

Second (Immediate.) Dropsy. General, &c.

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery.

Date of Burial, Jan. 29th

J. M. Sullivan, M. D.
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Kelly

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} Cor Hollins & Fulton Sts

Cause of Death First, (Primary,) S Emile Gangrene

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 31st January 1880

Undertaker, H.W. Jenkins & Son

Place of Business, 162 Light St.

Edw F. Michelbacher M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

Date of Death, January 28/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Becker

Sex, Male or Female, {cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 212 E Eager st

Cause of Death { First, (Primary,) Convulsions
, { Second, (Immediate,) Exhaustion

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Court

Date of Burial, Jan 31 1880

Undertaker, Henry Houck

Place of Business, 309 Central Ave

D. A. Wine M. D.
Medical Attendant.

Address, 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37562

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday Jan 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Jane Tilden

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Twenty Two *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 259 Preston St

Cause of Death, First (Primary,) Uterine Hemmorrhage

Second (Immediate,) Postpartum

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 29 1880

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Ave

H. A. Nelson M.D.

Medical Attendant.

Address No 8 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Thurman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 26 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 215 Mulberry St

Cause of Death, First, (Primary,) Tubercular Consumption

Second, (Immediate,)

Duration of last Sickness, over one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 31st 80.

Louis C. Hoen M. D.
Medical Attendant.

Undertaker, Peter Kummert

Place of Business, 317 Mulberry St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Special Attention... ...Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 28. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie O'Brien

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 64 S. Exeter

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Kidney Affection

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Rood Cemetery

Date of Burial, Jan 29th 1880

Undertaker, Woodberry Jones

Place of Business, 3 Jefferson st

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Mad. ats.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37565

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna R. Edwards

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 105 N. Dallas St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Dallas Street Ground

Date of Burial, Jan 29 1880

Undertaker, Theodore G. Locke

Place of Business, 73 Jefferson

C. B. Gross *M. D.*
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 28. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Halbrook

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 744 Spring Row.

Cause of Death { First, (Primary.) Scirrhus Cancer of breast

Second, (Immediate,)

Duration of last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Bates Cemetery

Date of Burial, January 30th 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 75 E. Baltimore St

J. W. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Stevens

Sex, Male or Female, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 73 years

Place of Death, {Give street and number} 11 W Lombard

Cause of Death First, (Primary,) Intemperance old age

Second, (Immediate,) Apoplexy probably

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 29th 1880

Edmund Rice M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 48 N Gay St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Hurst

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* 10 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 86 Gibson St

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) 12 days

Duration of last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Jan 30 1880

Undertaker, J. Towle

Place of Business, 411 Eutaw St.

J. F. Tuttle M. D.
Medical Attendant.

Address, 317 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28 Jany 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Pules

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 14 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Segar maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 15-6 Cathedral Street

Cause of Death, {First (Primary,) Apoplexy
Second (Immediate.) Paralysis
Two months

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Loudenslager

Date of Burial, Jan 30

Undertaker, H. Borgman

Place of Business, 45 Clay St.

C B Gamble M. D.
Medical Attendant.

Address 108 Cathedral
Seen once

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles J. Hoonere

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color,

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S.

Duration of Residence in the City of Baltimore, 1 yr 7 mos

Place of Death, {Give street and number} 109 Butler

Cause of Death First, (Primary,) Burns

Second, (Immediate,) Exhaustion & Collapse

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co.

Date of Burial, January 27

Undertaker, Hasler

Place of Business, Fell Point

Wm. Ellis M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1653 Fremont

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Reis

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 96 *Years,* 7 *Months,* ____ *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md Harm Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 28 N. Paca St

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Senile decay

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 31 1880

Undertaker, H. W. Jenkins

Place of Business, Light St

Thos A Shaw M. D.
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by E. Wenman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37572.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th '80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Malcolm McLean

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 37 yrs. *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 4 days.

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Fracture of Skull. / Second, (Immediate,) Paralysis & Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, Jan 29 1880

Undertaker, F. A. Kirchner

Place of Business, 50 S. Carrollton Ave.

T. B. Brune M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

Date of Death, January 28/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Devenny

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* 1 *Day*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Corner Chew and Dallas sts

Cause of Death, {First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Jan. 29th 1880

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

A Aronson M. D.
Medical Attendant.

Address 254 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

Date of Death, Jan. 28 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Knecht

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 4 *Months,* 1 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 130 Granby St

Cause of Death, First, (Primary,) Infantile convulsions

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 31st January

Undertaker, Wm. Hofmann

Place of Business, 65 N. Eden St

J. Mathieu M. D.
Medical Attendant.

Address, 245 E. Fillmore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Special Attention... ...This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Ackerman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 ~~63~~ *Years,* ~~11~~ 5 *Months,* ~~—~~ 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany 25 years.

Duration of Residence in the City of Baltimore, 199 Lexington St.

Place of Death, {Give street and number}

Cause of Death, First, (Primary,) Consumption.

Second, (Immediate,) One year.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, January 31.

Undertaker, Walter Immich

Place of Business, 252 W. Balto. *Address,* 112 N. Greene St.

Samuel J. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Felix McCluskey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland (27 yrs in America

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number} St V. Hospital

Cause of Death First, (Primary,) Congestion of lungs

Second, (Immediate,) Asphyxia

Duration of last Sickness, (Patient was in Hospital 8 hours)

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 29th 1880

Undertaker, H. Schultheis

Place of Business, Monument St

Oscar Miller M. D.
Medical Attendant.

Address, 188 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28 — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Eggenspurger

~~*Son,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Mozin Sr & Boudinalley

Cause of Death First, (Primary,) Heart disease

Second, (Immediate,) Dropsy

Duration of last Sickness, about six months —

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Jan 30 1880

Undertaker, Chas T Lawson

Place of Business, 211 E Eutaw St

Chas C Bonnemel M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas J. Knorr
Clara A. Knorr

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 8 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 289 Hanover St.

Cause of Death, First, (Primary,)
Second, (Immediate,) Asphyxia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 30th

Undertaker, Henry Breit

Place of Business, Hanover St 81

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel S Watters

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 68 South Howard St.

Cause of Death { First, (Primary,) Cause of death

Second, (Immediate,) Pneumonia }

Duration of last Sickness, Nine days

All the above Information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, February 1st 1880

Undertaker, Denny & Mitchell

Place of Business, 63 S Broadway *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcus Oppenheimer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty Six (66) *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Peddler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and number} 100 Lombard St.

Cause of Death, First, (Primary,) Emphysema Senilis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Janar 30th 1880

Undertaker, Wm Eilau

Place of Business, 101 Gough St Address, 101 East Lexington St

Fire Sloan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Biggs

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} widow

Occupation, house wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 73 years

Place of Death, {Give street and number} cor Ann and Madison Sts

Cause of Death First, (Primary,) Heart Disease

Second, (Immediate,) Hydrothorax, abt. 2 yrs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cem

Date of Burial, Jan 31 '880

Undertaker, Fry & Bro

Place of Business, Broadway

Geo. I. Kinnamon M. D.
Medical Attendant.

Address, 73 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 28. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George J. Weaver

Sex; Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 462 Light St.

Cause of Death First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western cemty

Date of Burial, Jan. 30th

Theodore Cook M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 963 Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Howard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* Five *Months,* —— *Days.*

Color, Colored *Sex,* male

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fair Haven Calvert Co. Md

Duration of Residence in the City of Baltimore. three months

Place of Death, {Give street and number.} Rice St. bet. Gilmor & Stricker no. not known

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Convulsions

Duration of Last Sickness, Five hours

All the above information should be furnished by the Physician.

Place of Burial, Lovil Cemetery

Date of Burial, Jan 30 1880

Undertaker, William N Lange

Place of Business, No 628 East Street

J M Jordan M. D.
Medical Attendant.

Address 632 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th Jan 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A Kennedy

Sex, Male or Female, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 33 Yrs

Place of Death, {Give street and number} # 144 Gilmor St

Cause of Death First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of last Sickness, 4 Mos

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Jany 31st 1880

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

Geo H Kapp M. D.
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Wesley Watkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} 19 Union Ct.

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,) Pneumonia

Duration of Last Sickness, about 1 mo.

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Jan 31 1880

Undertaker, William N Bunger

Place of Business, No 62 East Street

Thos. F. Lockwood M. D.
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm B. Plyman

Sex, Male or Female, {Cross out the words not required in this line.} M

Age, 38 *Years,* ..... *Months,* ..... *Days*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Widower

Occupation, Barber

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 8 Somerset St

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,)

Duration of Last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 30 1880

Undertaker, William N Dorsey

Place of Business, No 62 South St

H. T. Reynolds M.D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3758 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th January 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friderika Hode

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 64 *Years,* ... *Months,* ... *Days.*

Color, white

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover. In the United States since 30 years.

Duration of Residence in the City of Baltimore, since 30 years.

Place of Death, {Give street and number} No 24 S. Chester Str.

Cause of Death, First, (Primary,) ~~—~~

Second, (Immediate,) Marasmus senilis.

Duration of last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 31th 1880

Undertaker, C. Eckhard

Place of Business, 269 Canton Av

Robert Antheor M. D.
Medical Attendant.

Address, 121 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37588

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 29. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. H. Jackson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Wht

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grocer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md. Charles Co

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 63 Johns alley near Dolphin St

Cause of Death {First, (Primary,) Phthisis

{Second, (Immediate,)

Duration of last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31 1880

Undertaker, Wm. C. Jones

Place of Business, 119 S. Paca St.

W. G. Lane Dauphin M. D.
Medical Attendant.

Address, 129 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Regina Weigel

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* 6 - *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married -

Occupation, Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany -

Duration of Residence in the City of Baltimore, Three years -

Place of Death, {Give street and number} 32 Hanpstead St -

Cause of Death First, (Primary,) Phthisis Pulmonalis -

Second, (Immediate,) - do - do -

Duration of last Sickness, more than a year -

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem

Date of Burial, 31st January

Undertaker, Chas. Herman

Place of Business, [illegible]

T. C. Dohme M. D.
Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Hazel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 88 Eastern Av.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Congestion

Duration of last Sickness, seven days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, January 31st 1880

Undertaker, Peter Frey

Place of Business, 91 Eden Av

G. C. Wintermeyer M. D.
Medical Attendant.

Address, 12 S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1871

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JAN 30 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Reese

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 X 30 *Years,* ____ *Months,* ____ *Days.*

Color, ~~Male~~ Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 784 Myrtle Ave

Cause of Death, First, (Primary.)

Second, (Immediate,) Hemorrhage of Lungs

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, Jan 29. 1880

Undertaker, J. A. Lochner

Place of Business, 505 Lamillon Ave

Geo C Ogle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Mentis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Seventy six (76) *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Musician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 462 Aisquith St.

Cause of Death, First, (Primary.) Cerebral Apoplexy

Second, (Immediate,) Asthenia

Duration of last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, St Al Nursers Cem

Date of Burial, January 31, 1880

F. N. Selbrun M. D.
Medical Attendant.

Undertaker, Henry Heuck

Place of Business, 369 Central Av *Address,* 46 E. Lexington Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan M. Evans

Sex, Male or Female, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford County Maryland

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number} 1855 W. Balto St

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Oedema of Lungs

Duration of last Sickness, about Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 31st 1880

J. R. McKeen M. D.
Medical Attendant.

Undertaker, Geo. B. Cook

Place of Business, No 707 W. Baltimore Street

Address, 582 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

1594

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Gatus Kennedy

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 463 N. Lombard St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 30th 1880

Undertaker, Wm. H. Cook

Place of Business, No 707 W. Baltimore Street

John Neff M. D.
Medical Attendant.

Address, 558 W. Dayton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 28, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis P. Murphy

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 Years, Months, 26 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} 173 Chestnut St

Cause of Death, First, (Primary,) Valvular dis of the heart. (Mitral)

Second, (Immediate,) Nephritis & general anasarca 6 Weeks.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Burial ground.

Date of Burial, January 30th, 1880

Edward Rumbold M. D.
Medical Attendant.

Undertaker, Wm H. Glickman.

Place of Business, 224 N. Gay St. Address, 137 Eyerly St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Keenan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5½ *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland Queen

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 144 Dover St.

Cause of Death First, (Primary,) Kick of a horse

Second, (Immediate,) Ulcer & Stomach

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 31st 1880

H R Thompson *M. D.*
Medical Attendant.

Undertaker, John L Mackie

Place of Business, Park & Fayette *Address,* 17 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Leemplett

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 82 *Years,* 4 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 239 South Lehanles St.

Cause of Death First, (Primary,) Senile Catarrh

Second, (Immediate,) Pulmonary engorgement. old age

Duration of last Sickness, A few days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Febuar 1st 1880

John J Morris *M. D.*
Medical Attendant.

Undertaker, Ph Seward

Place of Business, 35 E. Eutaw St. *Address,* c/o 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Rheinhardt

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Sixty Six 66 *Years,* Six (6) *Months,* Twenty nine (29) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Tailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number } 219 North Dallas St

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) ~~~

Duration of last Sickness, ~~~

All the above information should be furnished by the Physician.

Place of Burial, R. Mathew Cem'y

Date of Burial, Feb 1/89

Undertaker, J. L. Roesing

Place of Business, 97 O'Neal

F. Moebius M. D.
Medical Attendant.

Address, Eutaw Bayard Pavilion Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry M Ellis,

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* 7 *Months,* 20 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire life time.

Place of Death, { Give street and number } 23 S Caroline St.

Cause of Death { First, (Primary,) Tabes Mesenterica

Second, (Immediate,)

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Jan 30th 1880

D W Cathell M. D.
Medical Attendant.

Undertaker, Thed J Coates

Place of Business, 73 Jefferson *Address,* 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37600

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan: 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Jazaper

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 97 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Morocco

Duration of Residence in the City of Baltimore, a few months

Place of Death, {Give street and number} No 34 Mulberry St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, Jan 31st

Undertaker, Wm Mears

Place of Business, 212 N Eutaw

Felix Jennes M. D.
Medical Attendant.

Address, 1 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 30 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria F. Seitz

~~Sex, Male or~~ Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, — —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} № 37 James Alley near Cross

Cause of Death, First, (Primary,) Carbuncle Maligna

Second, (Immediate,) Dropsy from arrested action of Kidneys

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Feb 1st

C. L. Suddenborn M. D.
Medical Attendant.

Undertaker, —

Place of Business, —

Address, 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel L Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ___ *Years,* 9 *Months,* 16 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 152 Myrtle Av

Cause of Death, First (Primary,) Acute Hydrocephalus

Second (Immediate,) Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 1st February 1880

J Thos L Pennington *M. D.*
Medical Attendant.

Undertaker, H W Jenkins Son

Place of Business, 16 Light St *Address* 98 N Greene St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Son Black

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* 4 mos *Months,* 13 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bremen Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and number.} Mt Vernon Pl near St Paul

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Heart Disease

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 31st Jan. 1880

Undertaker, H W Jenkins Son

Place of Business, 16 Light st. *Address* 131 St Charles St.

W W Keen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo S Hoffman

Sex, Male or ~~Female~~, {cross out the word not required in this line.} ..... Days.

Age, 22 Years, ... Months, ...

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brakeman N C R R

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} N C RR Road near Eager St Bridge

Cause of Death { First, (Primary,) Accidentally run over by Car on N C R R
Second, (Immediate,) and Death

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Feb 1st 1880

{ Undertaker, Andrews & Hodges
Place of Business, No 416 Druid Hill Ave

Edwd R Walker M. D.
Medical Attendant.

Address, Comm MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Margaretha Overdalhoff

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 274 Saratoga St.

Cause of Death, First, (Primary,) Inflammation of bowels.

Second, (Immediate,) Meningitis

Duration of last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 31st 1880

Louis Ch. Haas M. D.
Medical Attendant.

Undertaker, P. Kummel

Place of Business, Mulberry St *Address,* 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

1606

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Sisson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City of Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 506 Eutaw

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Paralysis Pulmonic

Duration of last Sickness, One year, or more

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Feb 2nd 1880

Undertaker, Jos. B Cook

Place of Business, No 707 N Baltimore Street

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Jan 29 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Lewis

Sex, Male or Female, { cross out the word not required in this line. } ..... Male

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ... White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ... Baker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ..... Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } ..... 21 S Caroline

Cause of Death { First, (Primary,) ..... Intestinal
Second, (Immediate,) ..... Acute Peritonitis

Duration of last Sickness, ... 2 Days

All the above Information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Jan 31 1880 ..... *M. D.*
Medical Attendant.

Undertaker, Jos. B. Cook

Place of Business, No 707 E Baltimore Street ..... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Garrison

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 22 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 233 S. Howard St.

Cause of Death First, (Primary.) Enterocolitis.

Second, (Immediate,) Exhaustion.

Duration of last Sickness, about 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 31st

Undertaker, Perkins & Keine

Place of Business, 130 Hanover St. *Address,* Southern Dispensary

J. W. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37609.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 28th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyzzie Plummer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington City.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} Hulls Lane No 20. Phillis Richmond's.

Cause of Death, First, (Primary.) Exhaustion

Second, (Immediate,)

Duration of last Sickness, 12 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 31st

Undertaker, Perkins & Keene

Place of Business, No 130 Henrietta St. *Address,* 210 N Broadway

J. H. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Pritchard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* 6 *Months,* 5 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 230 West Fayette St

Cause of Death, First (Primary,) Abdominal Tumor

Second (Immediate,) Cerebral effusion

Duration of Last Sickness, 4 or 5 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, February 1st 1880

W. T. Hollins M. D.
Medical Attendant.

Undertaker, John N. Weaver & Co

Place of Business, #22 W. Fayette St

Address 91 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Feb~~ January 30 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa E. Schultze.

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 3 *Years,* 3 *Months,* 11 *Days.*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 165 Conway St.

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 1 ten

Undertaker, Henry Briele

Place of Business, Fremont St 81

W. F. A. Krug M. D.
Medical Attendant.

Address, 55 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany. 30th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bdrun Gies

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith & Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kissengen, Bavaria

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give street and number} 35 North Central Ave.

Cause of Death First, (Primary,) Cancer of the Stomach

Second, (Immediate,)

Duration of last Sickness, Six Weeks (attendance)

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus burn

Date of Burial, Feb. 2 1880,

Undertaker, Adam Fink,

Place of Business, 461 N. Gay St.

John F. Hommel M. D.
Medical Attendant.

Address, S.W. Colvin & Read Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Oliver

Sex, Male or Female, {Cross out the words not required in this line.} M

Age, 63 *Years,* 9 *Months,* 11 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line} M.

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number.} S E cor. Madison & Bond

Cause of Death, First (Primary,) Cold from continued dampness

Second (Immediate,) Congestion of Liver & Kidneys

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 1st

Undertaker, Geo. Schilling

Place of Business, Ashland & Lyman

H. T. Reynolds M. D.

Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Phy... ...of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Reinhardt Christian Stortz

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Three (3) *Years,* One (1) *Month,* One (1) *Day.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City since birth

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 97 N. Eden corner Lombard

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Pyrexia

Duration of last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Bulto Cemetery

Date of Burial, Feby 1st 1880

Undertaker, Henry Hoffmann

Place of Business, Eden & Lombard Sts near Bay.

[illegible] M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians ... this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31 - 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margerettta Schulle

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 16 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single -

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. City, Md - Fife -

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 4 S. Paca St -

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) six weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 1st

D. S. Knight M. D.
Medical Attendant.

Undertaker, F. N. Voll

Place of Business, # 13 Hanover *Address,* 1122 Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Rabe

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, Forty Eight *Years,* Eleven *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Liquor Dealer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, { Give street and number } Bond & Co. Eden & Aliceanna Sts

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,) Brights Disease of the Kidneys and Liver

Duration of last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb'y 2

Milton Fussell, M. D.
Medical Attendant.

Undertaker, John Heneidy

Place of Business, 382 Orleans St *Address,* Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Davis

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 20 years in U.S.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 301 Madison Ave

Cause of Death First, (Primary,) Accidental suffocation by gas

Second, (Immediate,) Asphyxia

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 1st Feb. 1880

Geo C Ogle Cor. M.B.
Medical Attendant.

Undertaker, H W Jenkins Son

Place of Business, 16 Light St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Young Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number} 230 North Stre[illegible]

Cause of Death, First, (Primary,) Cerebral coma.

Second, (Immediate,) Consumption.

Duration of last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Balto. Co.

Date of Burial, February 2nd 1880

[illegible] M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Gay St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Bannion

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 175 S Bond

Cause of Death First, (Primary,) Whooping Cough

Second, (Immediate,)

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Jan 31

Undertaker, M. Dippel

Place of Business, S. Bond st 152

J. Ridgway Snader M. D.
Medical Attendant,

Address, 602 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Douglas

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, colored

~~Married, Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number} 77 Leadenhall St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31 1880

Undertaker, S Mitchase

Place of Business, No 198 Howard St

C. M. Hall *M. D.*
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda A Wilson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 39 *Years,* ——— *Months,* ——— *Days.*

Color, 39 Years

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number} 69 Russell St

Cause of Death, First, (Primary,)

Second, (Immediate,) Lobular Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31 1880

Thos W Cottle M. D.
Medical Attendant.

Undertaker, J H Chase

Place of Business, No 19 S Howard St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex Forsythe

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 70 Years Whole

Place of Death, {Give street and number} Patterson Ave between Calhoun & Fayette

Cause of Death, {First, (Primary,) Synchrid Pneumonia

{Second, (Immediate,) .....

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Feb 1st 1880

G. W. Harris M. D.
Medical Attendant.

{*Undertaker,* Andrews & Hodges

{*Place of Business,* No 4 & 6 Druid Hill Avenue

Address, Cor Strickland & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Conley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Two *Years,* Ten *Months,* — *Days.*

Color, White *Sex,* Female.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 21 Bartlett St.

Cause of Death, First (Primary,) Diptheria

Second (Immediate,) Croup.

Duration of Last Sickness, Week.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery E. H. Holbrook M. D.

Medical Attendant.

Date of Burial, Feb 1st 1880

Undertaker, Jos. B Cook

Place of Business, No 707 46 Baltimore Street

Address Hom. Free Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...special attention of Ph... ...g this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cathanine Pfeiffer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 80 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 459 Franklin St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 1st

Undertaker, P Kinnucan

Place of Business, 311 Mulberry

D. J. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Hagan.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 8 *Years,* 10 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} 36 Eighth St

Cause of Death, First, (Primary,) Typhoid Fever & Meningitis &

Second, (Immediate,) Scarlet fever.

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Feb 1st

Undertaker, H. C. Niedefeld

Place of Business, 90 Greenmount Av

Edward D. McDevitt M. D.
Medical Attendant.

Address, 137 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to make out, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

GUNBY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rise

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years,

Place of Death, {Give street and number} 415 S. Charles St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 2nd 1880

Undertaker, Philip H. Dill

Place of Business, 183 Columbia Ave

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Shaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Levy

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 45 Hampstead St. City

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St Helena Cemetery

Date of Burial, Febr 2 nd 1880

Thomas R Rudd (M.D.)
Medical Attendant.

Undertaker, Wm. Edlow

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1880 BAL ORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mollie Holmes

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* 22 *Days.*

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 15 Court alley.

Cause of Death { First, (Primary,) Sickly from Birth. / Second, (Immediate,) Inanition.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Febuary 2nd

Undertaker, Perkins and Kane

Place of Business, 130 Henrietta St

L. B. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1880 BAL

CERTIFICATE OF DEATH.

Date of Death, Feb 1. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Behrend,

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* (*Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 345 E. Fayette

Cause of Death {First, (Primary,) Scalatina Anginosa

{Second, (Immediate,) Membranous Croup

{ One week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Feb 2 1880

Undertaker, E. Herzog

Place of Business, 96 & Eden St

H. H. Luck M. D.
Medical Attendant.

Address, Balt. & Paul Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2 Spring Garden Ave.

Cause of Death First, (Primary,) Pneumonia.

Second, (Immediate,) Asthenia.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. cemetery

Date of Burial, February 2

Undertaker, Hucles Ross

Place of Business, 95 conway st

H. S. Boze M. D.
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Strong

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 20 *Years,* 1 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 127 Shaft

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,)

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Md

Date of Burial, Feb 3d 1880

Undertaker, John L Wachter

Place of Business, Park & Fayette

Frederick Lentz M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

1655 Pleasant

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31 Jany 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Ratigan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 49 *Years,* ..... *Months,* ..... *Days.*

Color, wht

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} 74 W Biddle st

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) .....

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 2nd

Undertaker, Geo. Schilling

Place of Business, Ark and Wyman

G Lane Tanneyhill *M. D.*
Medical Attendant.

Address, 129 W Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Grant

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 81 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Rosenbusmeade Germany

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give street and number} 1 Grant Street

Cause of Death { First, (Primary,) Paralytic Stroke
Second, (Immediate,) Old age

Duration of last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 2.

Undertaker, M. A. Sayer

Place of Business, 74 S. Broadway *Address,* 99 E. Baltimore Street

Geo. E. Dennis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Kaiser

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 78 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, { Give street and number } No 140 Washington St.

Cause of Death, First, (Primary.) Old age

Second, (Immediate,) ____

Duration of last Sickness, Five Years

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Feb 3rd 1880.

W. J. Gutler M. D.
Medical Attendant.

Undertaker, M. A. Daugherty

Place of Business, No. 74 S Broadway. *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Thirs~~ January 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Mason

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 40 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number} 11 East St,

Cause of Death { First, (Primary,) ... Second, (Immediate,) Believed to be Heart disease

Duration of last Sickness, Don't Know

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 2 - 14 80

Undertaker, Wilhelmi Singer

Place of Business, 10 Stockton Aly

R. C. Lee M. D.
~~Medical Attendant~~
Coroner B. D.

Address, Hanover Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1880 CITY

CERTIFICATE OF DEATH.

Date of Death, January 31st 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child Taylor Jr.

Sex, Male ~~or Female~~, {~~cross out~~ the word not required in this line.} ____ Years, 3 Months, ____ Days.

Age, 1

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1 3/12 yrs

Place of Death, {Give street and number} 2 Harmony Lane

Cause of Death, {First, (Primary.) Probably Consumption, Child Unt for Ins Cert. to facil. Bur.
Second, (Immediate.)

Duration of last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2 and 1880

Undertaker, Wm F. Dungee

Place of Business, 10 & 12 East St

Wm Latrobe M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH
FEB 2 1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~January~~ ~~February~~ January 31 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Skull

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 63 Hanover

Cause of Death, First, (Primary,)

Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 2nd

Undertaker, B. Hart

Place of Business, 241 Light St

Theodore Lee M. D.
Medical Attendant.

Address, 246 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 1st. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis A. McGee,

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 63. *Years,* —— *Months,* —— *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington D.C.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} 230 Biddle St;

Cause of Death, {First (Primary,) Asthma & Heart disease

Second (Immediate,) & Exhaustion.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 2nd 1880

Undertaker, Chas T Scriven

Place of Business, 271 E Eutaw st

Chas. H. Leach M. D.
Medical Attendant.

Address 128 Saint Paul.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 2 1880 BAL ORE

Date of Death, Feb 1 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Tall

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number} 24 Johnson Street

Cause of Death, First, (Primary.) Typhus Malarial Fever

Second, (Immediate,) Asthenia

Duration of last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill Cemetery

Date of Burial, 2-3 80

Undertaker, Anderson & Denny

Place of Business, 162 Lexington

J. K. Wiles M. D.
Medical Attendant.

Address, 63 Hanover St Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1857

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st ~~Jan 31st~~ 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adaline Sampson

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 73 Shields Alley

Cause of Death First, (Primary,) Capillary Bronchitis

Second, (Immediate,) .....

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Talbot County Easton Md.

Date of Burial, February 4

Undertaker, Walter Emmert

Place of Business, 252 N. Eutaw

R. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1658 Franch

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37641

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT FEB 2 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Linner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 10 *Years,* 6 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 129 S. Charles St

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Cellulitis

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb. 2nd

Undertaker, H. Pippel

Place of Business, 1 Bond st. 151

M. D.

Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3764 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Todd

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stonecutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number} 9 East

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) .....

Duration of last Sickness, abt 6 yr

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Febuar 3d 1880

Undertaker, H. M. Gilmeyer

Place of Business, No 341 Canton Ave

Md

Geo. J. Kemmerer M. D.
Medical Attendant.

Address, East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. F. Sentner, Clara Sentner

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 1½ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 133 Henrietta St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 2nd 1880

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

R. J. R. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1880 CITY

CERTIFICATE OF DEATH.

Date of Death, Saturday. 2 50 P M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M A. Watson

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 4 years *Years,* — *Months,* 6 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 3. Lamer Alley

Cause of Death, First, (Primary,) Whooping Cough.

Second, (Immediate,) Pneumonia.

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetry

Date of Burial, Feb 2nd 4 P.m.

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

D. O. Davis M. D.
Medical Attendant.

Address, 111. E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 97645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

..... *M. D.*
Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 2 1880 BRE

CERTIFICATE OF DEATH.

Date of Death, January 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Dowell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* Thirteen *Days.*

Color, Colored *Sex,* male

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give street and number.} 3 N. Parrish St

Cause of Death, {First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Shanpest Cemetery

Date of Burial, January 2 1880

J. W. S. Jordan *M. D.*
Medical Attendant.

Undertaker, Wm. Cimmerman & Sons

Place of Business, 10 Stockton Alley *Address* 632 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE MD.

Date of Death, February 1st:

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maryanna Kirchner

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 55 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } 101 Fremont.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 4th 1880

Louis A. Horn M. D.
Medical Attendant.

Undertaker, P. Kummel

Place of Business, —— *Address,* 22 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday, Feb. 2nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Poland

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 4 Ensor Court

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, 18 hours.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, Feb 2d 1880

Undertaker, James P Byrne

Place of Business, 63 Front St

Wilmer Jointon M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2nd February, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cathman.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Fourteen *Years,* ~~*Months,*~~ *Days.*

Color, White. *Sex,* Female.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} 272 Division St.

Cause of Death, {First (Primary,) Typhoid Fever. Second (Immediate,)

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Feb. 3rd 1880

Geo. J. Collins, M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw st

Address Richmond & Park Sts. Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice May Pearl

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 29 Randall St

Cause of Death, First, (Primary,) Brain Disease

Second, (Immediate,)

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Mack

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 34 Marion St

Cause of Death {First, (Primary,) Asthma

{Second, (Immediate,)

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 3rd, 1880.

Undertaker, A. Kinnaird

Place of Business, 32 N. Liberty

Edw'd F. Michaelis M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence C. Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} E. Balto. Md.

Duration of Residence in the City of Baltimore, Born in Balto.

Place of Death, {Give street and number} E. Balto. Md.

Cause of Death, First, (Primary,) Congestion

Second, (Immediate,) 2 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 2 1880

Undertaker, H. W. Means

Place of Business,

Edward Donnell M. D.
Medical Attendant.

Address, 57 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT FEB 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara Maria Barnes

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Prince Georges Co Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 1 North Wolfe St

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Convulsions

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 3d 1880

Undertaker, [illegible]

Place of Business,

J. K. Wiley M. D.
Medical Attendant.

Address, 157 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 3 1880 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Diana Poulter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* ——— *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} Cor West & Charles

Cause of Death, First, (Primary.) Pseudo Membranous Croup

Second, (Immediate,) Suffocation

Duration of last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, July 12th

Undertaker, Bevans

Place of Business, 5 & 11 Light st.

H. M. Dodge M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 1st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude E Handy

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, — *Years,* 5 *Months,* 15 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, 5 — 15 —

Place of Death, { Give street and number } 242 west 2d,

Cause of Death { First, (Primary,) Pneumonia

Second, (Immediate,) apnoea

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 3

Undertaker, Hercules Ross

Place of Business, 95 Conway St

C. H. Pelis M. D.
Medical Attendant.

Address, 95 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leah Reed

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 105 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomack Co. Virginia

Duration of Residence in the City of Baltimore, Four Years

Place of Death, {Give street and number} No 179 Foote Street

Cause of Death { First, (Primary,) Renal Degeneration
, Second, (Immediate,) & Paralysis et Asphyxia

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Burying Ground

Date of Burial, Feb 3rd

Undertaker, Hugh Davis

Place of Business, 103 Lee St. *Address,* 146 Hill St

I. D. Duke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dickas

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 54 *Years,* 11 *Months,* — *Days.*

Color, Whit

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Carpet weaver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 23 N. Bolfield

Cause of Death, First, (Primary,) Phthisis pulmonum, Congested

Second, (Immediate,) Marasmus

Duration of last Sickness, 6 month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 4 1880

Undertaker, W. Dilfuel

Place of Business, 5 Bond

J Luther M. D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhemena Demrow

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* 5 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, {Give street and number} 52 Lancaster St

Cause of Death, First, (Primary,) Morbus Brightii

Second, (Immediate,)

Duration of last Sickness, Four or five months

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemetery

Date of Burial, Feb 4th

D W Cattell M. D.
Medical Attendant.

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av *Address,* 21 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Thos Houtsmins

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~~ *Years,* 4 *Months,* 20 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 134 N. Durham St.

Cause of Death, First, (Primary.) Cold

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, Feb 3rd 1880

James A. Steuart M. D.
Medical Attendant

Undertaker, W. M. Duncan

Place of Business, East St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Graff) Father

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and number} 243 E. Broadway

Cause of Death, First, (Primary.) Ingnosis

Second, (Immediate.)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, 4 February 1880

Undertaker, John C. Stuck

Place of Business, 268 Aisquith St *Address,* 117 E. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Lechliden

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 61 E. Schroeder St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Central Affection

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, Feb 4 1880

John Neff M. D.
Medical Attendant.

Undertaker, Jas R Lentz

Place of Business, 1707 N. Baltimore Street | *Address,* 538 W. Lafayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William T. Moore

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* 1 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Telegraph Operator

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and number} 57 S. Stricker

Cause of Death First, (Primary,) Consumption (Pulmonary

Second, (Immediate,)

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 4th 1880

Undertaker, Jos. S. Cook

Place of Business, No 707 W Baltimore Street

G. Lane Hart M. D.
Medical Attendant.

Address, 2 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Fisher

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 120 Aisquith St. cor Hamburg

Cause of Death, {First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 4th

C. E. Stein M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business,

Address, 195 N. Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt Traynor

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* 5 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Nurs

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland [illegible]

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 641 Baltimore st

Cause of Death { First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Feb 5th 1880

Undertaker, Jos. B Cook

Place of Business, No 787 N Baltimore Street

Jno. [illegible] M. D.
Medical Attendant.

Address, 554 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 31 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Mahr

Sex, Male or Female, {cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Ho

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number} 49 Canton Ave

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 4 1880

S H Patten M. D.
Medical Attendant.

Undertaker, Jno. R Carl

Place of Business, 1370 W Baltimore

Address, 23 Franklin

State

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Anundal County Md

Date of Burial, Feb 4 1880 ..... *M. D.*

Medical Attendant.

Undertaker, Jos. B. Cook .....

Place of Business, No 707 W Baltimore Street *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1661 Trans

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Jan. 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Thomas Peale

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 3 Stockton Alley

Cause of Death {First, (Primary,) Gastro-Enteritis, Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb - 4th 1880

Undertaker, Wm. N. Duncan

Place of Business, 1062 East st

J. Dunnett Moran M. D.
Medical Attendant.

Address, 532 W Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE.

Date of Death, Feb 2 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Hill

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, colored widow

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and number} 3 S Exeter

Cause of Death {First, (Primary,)} Heart disease probably

{Second, (Immediate,)}

Duration of last Sickness, 2 weeks Ms- death sudden

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial. Feb 4th 1880

Undertaker, Wm. N. Dunzer

Place of Business, No 62 East st

Edwin R Walker M. D.
~~Medical Attendant.~~

Address, Comm MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37669

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 37669

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Grant

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, Sixty three *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Millwright

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} 337 N Washington St

Cause of Death, First, (Primary,) Paralysis of brain

Second, (Immediate,) ———

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Feb 4th 1880

Undertaker, Wm H Hackmann

Place of Business, 234 N Gay St

C Hartman M. D.
Medical Attendant.

Address, 1305 N Carolina St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Kreidel

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 52 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cooper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } 330 S. Charles st

Cause of Death, First, (Primary,) —

Second, (Immediate,) Phthisis

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 4 1880

Undertaker, Wm J Bartell

Place of Business, 62 Dell Pl

Theodore Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Hawkins

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color,

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. Jersey 10 Yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 300 Saratoga. Phthisis Pulmonalis

Cause of Death { First, (Primary,) Exhaustion
Second, (Immediate,) 8 mos

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 5th

Undertaker, B. Hoke

Place of Business, 411 Light St. *Address,* 326 Light St.

A. M. Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schafer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 5 *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 177 Ins Ave

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, February 5th

Undertaker, F. N. Gill

Place of Business, 131 Hanover St

J J Woods *M. D.*
Medical Attendant.

Address, 203 N Fremont

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37673

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Meiers

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, [redacted] 65 *Years,* 8 *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Georgetown D C

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} Druid — 69

Cause of Death, First, (Primary.) Softening of Brain

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 5th 1880

Undertaker, Peter Kenney

Place of Business, 317 Madison

J H Pleasants M. D.
Medical Attendant.

Address, 28 Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A. Golden

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty-three *Years,* —— *Months,* —— *Days.*

Color, Black *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Fifty-three years.

Place of Death, {Give street and number.} No. 14 St. Marys St.

Cause of Death, First (Primary,) Fibroid Tumors

Second (Immediate,) Dropsey

Duration of Last Sickness, Eight months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 4 1880

F. B. Gardner M. D.
Medical Attendant.

Undertaker, A. B. Vichase

Place of Business, 80 & 198 Howard St *Address* 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days.*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 58 Dover St

Cause of Death { First, (Primary,) Pentonitis
Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 5 1880

Undertaker, S W Chase

Place of Business, No 174 Howard St

Geo. W. Dennis M. D.
Medical Attendant.

Address, 114 Hanover St Balto City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE

Date of Death, February 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Lena Bell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, Seven Months, Days.

Color, Black *Sex,*

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seven months

Place of Death, {Give street and number.} 187 Lyon St.

Cause of Death, First (Primary,) Inflammation of bowels & lungs

Second (Immediate,)

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 4 1880

Undertaker, H M Chase

Place of Business, No 198 Howard St *Address* 270 N. Charles St.

Wm Glenn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE

Date of Death, July 4th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fries

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} Rear's Juvenile Residence 20 Bucknell

Cause of Death {First, (Primary,) Believed to be

{Second, (Immediate,) Rheumatism of the Heart

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 5th

{*Undertaker,* Henry Brice

{*Place of Business,* Hanover St 81

R. C. Lee M. D.
~~Medical Attendant~~ Coroner

Address, Hanover St 86

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

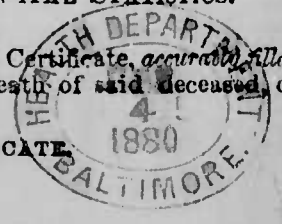
No. 37678

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37678

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Preston Mahon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.} Single

Occupation, (Nonely) Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Shirley St. bet Pennsylvania

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Asthenia

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feby 4th 1880 ____ *M. D.*

Medical Attendant.

Undertaker, Chas F. Thuts

Place of Business, 36 Grand *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy & Geo Norris — (Parents

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/2 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} X 9 Peach alley

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) ———

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Western Pub Grd

Date of Burial, Feb 5th 1880

James H Lewis M. D

Residence

Undertaker, F. A. Kershner

Place of Business, ———

Address, Corner of Stall & Magnolia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be th duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate se ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the pe son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, _____ *Years,* _____ *Months,* _____ *Days.* 15

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} _____

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 109 N. Howard

Cause of Death, First, (Primary.) Croup

Second, (Immediate,) _____

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Lam Sts Cemetary

Date of Burial, Feb 5 80

CCC _____ *M. D.*
Medical Attendant.

Undertaker, S Henry

Place of Business, 965 E Lan St. *Address,* _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr - 3 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius McDevitt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, {Give street and number} 7 E. Second St.

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 13 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, February 5 1880

Undertaker, Jas O Byrne

Place of Business, 63 Front St. *Address,*

A Ramsay Gundry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Regulations below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

Date of Death, February 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Degenhardt

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 40 N. Spring St

Cause of Death, First, (Primary,) Carcinoma glandularum colli

Second, (Immediate,) Marasmus

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, February 5th

Undertaker, H. Ernst

Place of Business, 33 S. Eutaw St

J. Hutton M. D.
Medical Attendant.

Address, 248 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

• NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2d 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah T. Woodward

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth, } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 360 W. Lombard St.

Cause of Death, { First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, one (1) year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. H. L. Shaw

Date of Burial, Feb 5th 1880 ..... *M. D.*

Medical Attendant.

Undertaker, Wm. H. Hackman

Place of Business, 234 A Gay St. *Address,* 34 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Charles August Plitz Feb 4 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles August Plitz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* 6 *Months,* *Days.*

Color, Co

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Pianomaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 112 Ridgely St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Comet

Date of Burial, Feb 6th

Undertaker, Henry Boice

Place of Business, Eleventh St 21

Address,

D Shelton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } A. G. Mickey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 00 *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 2 M 4 days

Place of Death, { Give street and number. } 446 E. Chase St.

Cause of Death, First (Primary,) Unknown

Second (Immediate,) "

Duration of Last Sickness, hour or two

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 5th 1880

A. G. Watson M. D.
Medical Attendant.

Undertaker, Frey & Bro

Place of Business, Broadway & Fayette.

Address 437 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 Feb 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno F. Osburn

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 38 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Loudon Co. Virginia

Duration of Residence in the City of Baltimore, last 20 years

Place of Death, {Give street and number} 129 Balto St

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) — Do —

Duration of last Sickness, Uncertain

All the above information should be furnished by the Physician.

Place of Burial, Montgomery Co. Md.

Date of Burial, 7th Feb. 1880

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St.

L. Donaldson M. D.
Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1662

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Kaelber

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 319 E. Monument

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Marasmus

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 6 February 1880

Undertaker, John C. Schuck

Place of Business, 265 Aisquith

J. Guthrie M. D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37488

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Cochran

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 14 *Years,* 3 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Helena, Arkansas ~~Baltimore~~

Duration of Residence in the City of Baltimore, Ten Years Whole Life

Place of Death, {Give street and number} 136 N. Calvert St

Cause of Death { First, (Primary,) }

{ Second, (Immediate,) } Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park Cem~~

Date of Burial, Feb 7th 1880

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont St *Address,* 36 Fremont Ave

Silas N Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

Date of Death, ... Feb 4th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Morse,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female.

~~Age.~~ 3 hours, ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} S. E. Cor of Eden & John

Cause of Death { First, (Primary,) Second, (Immediate,) } Collapse of Lungs,

Duration of last Sickness, 3 hours,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feby 8th 1880

{ Undertaker, Mr. Hickman

{ Place of Business, N. Gay St.

Geo. H. Wayson M. D.
Medical Attendant.

Address, # 18 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

Date of Death, Febuary 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest Carr,

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years. 8 Months, Days.

Color, Blind *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B. C.,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 126 Hanover Lane

Cause of Death, First (Primary,) Congestion Lungs.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 5th 1880

E. Hanway Hill *M. D.*
Medical Attendant.

Undertaker, P. Kummert

Place of Business, Address 119 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ...

Undertaker, ...

Place of Business, ...

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Schupp

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 16 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 355 Orleans St.

Cause of Death { First, (Primary,) Scarlatina
Second, (Immediate,) Convulsions

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 6

J. Holtzburg M. D.
Medical Attendant.

Undertaker, John Hennigh

Place of Business, 382 Orleans St *Address,* 357 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Carter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 10 Websters Row

Cause of Death First, (Primary,) Suppressed Otorrhoea

Second, (Immediate,) Inflammation of Brain

Duration of last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 5 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 116 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Morrison

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 68 Years, — Months, ... Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number} 137 Calvert St

Cause of Death { First, (Primary,) .....
Second, (Immediate,) Disease of the Heart

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 7th

{ Undertaker, H. C. Wiedefeld
{ Place of Business, 9 & Greenmount Av Address, ...

J. S. Gwynn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37695

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 5. 1880 BALTIMORE

Date of Death, February 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine M. Gill

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 37 *Years,* 10 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 37. 10. 11.

Place of Death, {Give street and number.} 56 S. Sharp St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 6th 1880

Undertaker, Wm Weaver

Place of Business, No 202 No Eutaw St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1890 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Russell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 19 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 233 E. Caroline St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemet

Date of Burial, Feb 5th 1880

James H Lewis M. D.
~~Medical Attendant~~

Undertaker, John W. Fecks

Place of Business, Wolfe St

Address, Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wineman

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Danl Brennan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 190 Lemon St —

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,)

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 7th 1880

Undertaker, John S Mackey

Place of Business, No 150 Eastern Av

Edwd F Nicholson M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Parker

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, About 20 *Years,* " *Months,* " *Days.*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ponchatteagus, Accomack Co. Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 26 Fredk. Str. (Mrs. -)

Cause of Death, {First (Primary,) Not definitely known. What seem

{Second (Immediate,) had been suffering with Continued

Duration of Last Sickness, fever and during the night was de

All the above information should be furnished by the Physician. lirious & a stupor succeeded.

Place of Burial, Laurel Cemetry

Date of Burial, Feb 5th 1880

{*Undertaker,* Wm N Dugee

{*Place of Business,* No 62 East st

C. F. Bellerman M. D.
Medical Attendant.

Address 44 Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 5. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 4 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalia Guellemeyer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 11 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State of country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 246 N. Central Ave.

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate,) —

Duration of last Sickness, two wks

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemt

Date of Burial, Feb 6 1880

Wm. R. Smith M. D.
Medical Attendant.

Undertaker, Henry Hoen

Place of Business, 304 Central Ave *Address,* —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Johnson.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 153 Hughes St.

Cause of Death First, (Primary,) Burns. = Clothing caught fire from Stove

Second, (Immediate,) Convulsion

Duration of last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Feb 6 80

Undertaker, Armstrong & Denny

Place of Business, No 263 Light St

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37704

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE

Date of Death, 5th February 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Rendigs

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 15 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give street and number} Canton Avenue 273.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Anasarca

Duration of last Sickness, 14. Days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, Feby 6th 1880

Undertaker, ~~C. H.~~ Eckhardt

Place of Business, 269 Canton ave

William Heisel M. D.
Medical Attendant.

Address, S. Augusta Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37702

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Ringrose

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 5 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 45 Monument near Wolf

Cause of Death, First (Primary,) Diptheria & Croup

Second (Immediate,) Pneumonia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Int Cannel Cemetery

Date of Burial, Feb 7/80

Undertaker, Guy & Bro

Place of Business, 324 N Broadway

H. C. Hull *M. D.*

Medical Attendant.

Address, 30 Eighth Street

Balt

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jane Seymour

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 205 Scott Pl

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 7th 1880

Undertaker, Chas S Cook

Place of Business, No 707 W Baltimore Street

A Hewes M. D.
Medical Attendant.

Address, 16 E Pleasant St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37704

The Special [illegible] Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie Bettie Bunting

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Hampstead n. Caroline

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Scarletina

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 7th/80

Undertaker, Geo. Schilling

Place of Business, Ashland Square

____ M. D.
Medical Attendant.

Address, 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3 - 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stewart

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 mo *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 3 Branson's Court

Cause of Death First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaw's St Cemetery

Date of Burial, Feb 6th 1880

Undertaker, Saml A. Chase

Place of Business, Howard St. *Address,*

Julius Hall M. D.
Medical Attendant.
Southern Dispensary
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37706

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Griffin

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, 53 *Years,* — *Months,* — *Days*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 136 Stirling St

Cause of Death, {First (Primary,) Bright's disease

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6 1880

{*Undertaker,* William F. Lurye

{*Place of Business,* 10 Stockton

E. C. Jarden M.D.

Medical Attendant.

Address, 220 E Monument

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenfe Thomas Delaney

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 25 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 16 N. Eutaw Street

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Feb 6th 1880

Undertaker, John Thacher

Place of Business, Park & Fayette Sts

Thomas Keates M. D.
Medical Attendant,

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund Randolph Jackson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Three *Years,* Five *Months,* Six *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 215 Madison St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Feb 6th 1880

Undertaker, Theodore L. Locke

Place of Business, 13 Jefferson St *Address,* No. 1021 N. Broadway

Wm H Chudiner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kate

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} #9 Madrid Alley

Cause of Death First, (Primary,) Inflamatory Rheumatism

Second, (Immediate,) Typhoid Dysentery

Duration of last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, 5th Ward Cemetery

Date of Burial, Feb. 6th 1880

Undertaker, Henry Smith

Place of Business, 23 Eastern Ave

Jno E Donnelly *M. D.*
Medical Attendant.

Address, 716 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Catharine Reid

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 108 S. Stricker St.

Cause of Death, First, (Primary,) Diphtheritic

Second, (Immediate,) Croup

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, February 8

Undertaker, P. Healy

Place of Business, 44 Light St.

_____ *M. D.*
Medical Attendant.

Address, 108 S. Stricker St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 4 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Kanahan

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 45 *Years,* 0 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number } 36 Hill near Eastern Ave

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Hemiplegia

Duration of last Sickness, Six years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetary

Date of Burial, Feby 6th 1880

_____ *M. D.*
Medical Attendant.

Undertaker, Jas P Burns

Place of Business, N. Front St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia A. Harris

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 1 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 Mo

Place of Death, {Give street and number} 10 Hanover St.

Cause of Death First, (Primary.) Accidentally overlaid by mother

Second, (Immediate,) Smothered

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Wes Public Cemetery

Date of Burial, Feb 5 80

Undertaker, H. C. Kerchner

Place of Business, 50 S. Carollton Ave

R. C. Lee M. D.
~~Medical Attendant~~
Coroners D.

Address, Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special [illegible] of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 1st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Britt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number} University Hospital Cor Green & Lombard Sts.

Cause of Death First, (Primary,) Sub-acute Gastritis

Second, (Immediate,) Anuea & Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Feb. 3, 1880

Date of Burial, Western Pub. Cemetery

Undertaker, F. A. Kirchner

Place of Business, 50 S. Carrollton Ave *Address,* Univ. of Hospital

F. B. Brune M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd '80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Hentzenberger

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 yrs.

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Ovarian Sarcoma
Second, (Immediate,) Coma[illegible] (Shock.)

Duration of last Sickness, 4 yrs. She said

All the above information should be furnished by the Physician.

Place of Burial, W[illegible] Pub. Com

Date of Burial, Feb 5 '80

Undertaker, F. A. Kirchner

Place of Business, 50 S. Carrollton Ave, *Address,* University Hospital

P. B. Brune *M. D.*
Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 6. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Gorgler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Three (3) *Years,* Four (4) *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City. Was born

Duration of Residence in the City of Baltimore, Was born

Place of Death, {Give street and number} 708 Gilmor near Pratt

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 7, 1880

Undertaker, Henry Roach

Place of Business, 30 Central Ave Address, Corner Eager & Caroline Sts

E. Shipley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febo. 5th 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Laney

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 50. *Years,* *Months,* *Days.*

Color, Col

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Draymen

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Cant Co Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Mulberry Court.

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Febuary 6th 1880

Undertaker, Adam Heidemauer

Place of Business, 319 E Baltimore St.

Chas H Kon M. D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 6. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Minnick

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* 11 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 272 Park Ave

Cause of Death, First, (Primary,) old

Second, (Immediate,) age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 7th 80

Undertaker, Chas D Semmes

Place of Business, 94 E Eutaw

_____ *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ana Margretta Hohmann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 y 6 *Years,* 1 *Months,* *Days.*

Color, W. P.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Germany

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and number} Herring East do 1

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Pneumonia

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, St Petrus Cemetry

Date of Burial, Saturday Feb. 7. 1880

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,* 26 South Eutaw City

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE

Date of Death, Wednesday 11.30. P.M. Feb. 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas B. Lockwood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Sixty (60) *Years,* Eleven (11) *Months,* twenty Seven (27) *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kent County Delaware

Duration of Residence in the City of Baltimore, Nineteen months this time

Place of Death, {Give street and number.} 164 N. Arlington Cor. Harlem Ave.

Cause of Death, {First (Primary,) Pulmonary Consumption / Second (Immediate,)}

Duration of Last Sickness, At least two years

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb 6

Wm M Nickerson M. D.
Medical Attendant.

Undertaker, C W Blizzard

Place of Business, 197 Pratt

Address 164 N. Arlington Ave. Cor. Harlem Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Amlong

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Restaurant keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 265 E. Lombard

Cause of Death, First, (Primary,) Emphysema pulmonum

Second, (Immediate,) Oedema pulmonum, Paralysis cordis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Alpharetta Cemetery

Date of Burial, Feb 7th 1880

J. Matthews M. D.
Medical Attendant.

Undertaker, Clarence Wachter

Place of Business, 244 E Lombard *Address,* 244 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherina Linder

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 68 *Years,* 5 *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number} Louisianna Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Apoplexy.

Duration of last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Bethlehem

Date of Burial, Feb 8th 80.

Louis Chatkoun M. D.
Medical Attendant.

Undertaker, Peter Kunnel

Place of Business, 317 Mulberry St. *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday. Feb 4th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura L. Vannandy

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 13 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifes time

Place of Death, {Give street and number} # 183 East St.

Cause of Death First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Asthenia,

Duration of last Sickness, Five Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb 6. 1886

Undertaker, Charles A White

Place of Business, 35 Granby St

Wilmer Brinton M. D.
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37723

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ... Feb 5th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Mary Eastman

Sex, Male or Female, { cross out the word not required in this line. } ..... Female

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ..... Baltimore

Duration of Residence in the City of Baltimore, ... life

Place of Death, { Give street and number } ..... Fremont

Cause of Death { First, (Primary,) ..... Pneumonia Lobar

Second, (Immediate,) .....

Duration of last Sickness, ... Four Days

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery

Date of Burial, Feb 7th 1880

Undertaker, Wm. B. Cook

Place of Business, No 707 N. Baltimore Street

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special ... Physicians is Respectfully Invited to the Remarks Below; and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lucrecia Nicholson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 41 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 112 South Ann

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, February 8th 1880

H. S. Hill M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore *Address,* 361 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie G. Jones (Sarah G. Jones)

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~24~~ *Years,* 32 *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, ~~32 years~~ Since birth

Place of Death, { Give street and number. } No 356 Orleans St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) intended for Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby. 7, 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

O. H. Mathes M. D.
Medical Attendant.

Address 138 A. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 37726

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 2 1880 BALTIMORE

Date of Death, Feb 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M Bidson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 9 in U.S. when came

Duration of Residence in the City of Baltimore, Resident Woodberry

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Accidentally run over by

Second, (Immediate,) Car on Western Maryland R R

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 8d 1880

Undertaker, H W Mears

Place of Business,

Edmund R. Walker M. D.
Medical Attendant.

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1864 Fremont

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schuler

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, One *Years,* Five *Months,* Seventeen *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No. 20 Ryan St.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} No. 76 South Fremont Street

Cause of Death, First (Primary,) Pertussis

Second (Immediate,) Pneumonia

Duration of Last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, Feb 7th 1880

Undertaker, Jos. B. Leach

Place of Business, No 707 W. Baltimore Street

Wm H Culbertson M.D.

Medical Attendant.

Address, 105 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy McKay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Bottler of Alum Bay &c

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, [redacted] years

Place of Death, {Give street and number.} N 151 N Eutaw St

Cause of Death, {First (Primary,) / Second (Immediate,)} Hematuria and Ascites

Duration of Last Sickness, Few Weeks

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem

Date of Burial, February 8th 1880 Chas Armitage M. D.
Medical Attendant.

Undertaker, Chas T Scriven *Address* N 14 N Paca St

Place of Business, 2 W N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harbard F. Ballard

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, — *Years,* 3 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, 3 Mo & 12 days

Place of Death, {Give street and number.} 116 Fort ave.

Cause of Death, {First (Primary,) Dropsy 1 Mo

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem'y

Date of Burial, Feby 8th 1880

Undertaker, Mc Murtry

Place of Business, Light St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover Bank St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 37730

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Ramsler

Sex, Male or Female, { cross out the word not required in this line. } M

Age, 14 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1444 E. Lan Place

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) ..... } Inflammation Bowels Peritonitis

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, February 7th 1880

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light st

..... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 1st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora Bohn

~~Son, Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 220 Lexington St

Cause of Death, First, (Primary,) Diphtheritic Croup Membranous

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Febry 8th 1880

Undertaker, P. Seewald

Place of Business, 35 S. Eutaw St

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...he Special Attention of Physicians...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bruckheeses

Sex, Male or Female, {cross out the word not required in this line.}

Age, 52 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hesse Darmstadt

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 190 Preston st

Cause of Death First, (Primary,) Chronic Bronchitis, Pneumonia

Second, (Immediate,) Rupture of abscess of Lungs

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 9th 1880

C Winslow M. D.
Medical Attendant.

Undertaker, P. Kummel

Place of Business, Mulberry St. *Address,* 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37733

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6th, 8:30 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Murray.

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 45 y. 2 m. 16 d. *Years,* ..... *Months,* ..... *Days*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} At sea

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} No 185 S. Sharp Street.

Cause of Death, First (Primary,) Alcholic intemperance

Second (Immediate,) Congestive Apoplexy

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feb 8th

Undertaker, H. V. Appel

Place of Business, 131 Hanover St

David Alderson, M.D.
Medical Attendant.

Address, No 105 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE

CERTIFICATE OF ~~DEATH~~.

Date of Death, February 6 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Patterson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, colored

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltd.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 61 Plum alley

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sap. St Cemetery

Date of Burial, Feb 8 th.

Undertaker, Hercules Ross

Place of Business, 95 County St

P. McHall *M. D.*
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Phy...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 6. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Davidson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York Pa.

Duration of Residence in the City of Baltimore, Abt Four yrs.

Place of Death, {Give street and number} 344 E. Ave O

Cause of Death { First, (Primary,) Pernicious Malaria
Second, (Immediate,) Convulsions

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mount Ever...

Date of Burial, Feb. 8 ...

Undertaker, Mr. Fra...

Place of Business, 200 Eas...

G. G. Luke, M. D.
Medical Attendant.

Address, Balt. & Wash. ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 5, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anthusa Rose Maguire

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 226 N. Calvert St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Old age

Duration of Last Sickness, Several Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, Feb 7th 1880

Undertaker, Jos H Byrne

Place of Business, 57 N Liberty St

W. H. McHenry M. D.
Medical Attendant.

Address 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Cook

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House Cleaning

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Valley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 24 Union Alley

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) " Congestion

Duration of last Sickness, Short Time

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 7 1880

Undertaker, S W Chase

Place of Business, No 198 Howard St

H H Sutton M. D.
Medical Attendant.

Address, 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice M Hopkins

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ralto —

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No. 213, Maryland Av.

Cause of Death, First (Primary,) .....

Second (Immediate,) Consumption

Duration of Last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, July 9. 1880

Undertaker, Hyndman & Son

Place of Business, 41 Hanover St

Ruffin Buckler *M. D.*
Medical Attendant.

Address 135 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37739

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ryan

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 4 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 54 E. Pratt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 54 E. Pratt

Cause of Death, {First (Primary,)} Bronchitis Simple

{Second (Immediate,)} ..... Capillary

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 8th 1880

Undertaker. Henry W. Mears

Place of Business, 45 N Gay st

Thos. S. Latimer M.D.
Medical Attendant.

Address, 187 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Jones.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Forty Seven *Years,* Five *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Bricklayer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} No 117 Orleans st

Cause of Death { First, (Primary,) Phthisis Pulmonalis
, { Second, (Immediate,)

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 8/80

Undertaker, Fry & Son

Place of Business, 54 N Broadway

A. P. Leas M. D.
Medical Attendant.

Address, 133 N Bond st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emily Rebecca Robinson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, about 62 *Years,* *Months,* *Days.*

Color, White *Sex,* female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give street and number. } 113 Hudson St.

Cause of Death, { First (Primary,) Second (Immediate,) } Cancer of the Womb.

Duration of Last Sickness, about twelve months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb' 9th 1880

Undertaker, John Hacker

Place of Business, Park & Fayette Sts

Alfred Hughes M. D.
Medical Attendant.

Address 234 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 7 1890 BALTIMORE

Date of Death, Feby 6 — 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel A Thompson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Thirty-three Years, ... Months, ... Days.

Color, Color

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lynchburg Va

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number} 1062 Mulberry St

Cause of Death, First, (Primary.) ...

Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, About eight months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Feby 8th 1890.

Undertaker, Jno E Lee

Place of Business, 63 Gaulbert st

D W Rueu M. D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Kirk

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 141 Eutaw St.

Cause of Death, { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cimetery

Date of Burial, February 9th 1880

Undertaker, H. & G. Smeyer

Place of Business, 341 Canton Ave.

J. J. Chisholm M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 2d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Bread Shiner

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 17 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 230 N Sharp St

Cause of Death, First, (Primary.) —

Second, (Immediate,) Meningitis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, Feb 9d 1880

W. R. McNeal M. D.
Medical Attendant.

Undertaker, Peter Kummerle

Place of Business, 317 Mulberry St

Address, 582 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Meigel

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mecklenburg Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 162 Preston bet Park

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 days in bed

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb. 9th 1880

Undertaker, Peter Lemmert

Place of Business, 317 Madison Ave

C. Winslow M. D.
Medical Attendant.

Address, 29 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 37746

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Howard

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, United ... *Years,* ... *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Citizen ...

Place of Death, {Give street and number} 145 Hill St.

Cause of Death { First, (Primary,) Post-partum hemorrhage. / Second, (Immediate,) Asthenia.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Shaw Street Cem

Date of Burial, Feb. 8th 1880

Undertaker, J. Davis

Place of Business, 103 Lee St

W. S. Bridge ... *M. D.*
Medical Attendant.

Address, 145 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Leighliter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Fifty five *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, mos

Place of Death, {Give street and number} 15 mo Chas St

Cause of Death First, (Primary,) Pulmonary Consumption.

Second, (Immediate,)

Duration of last Sickness, Ten year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 9th 2 oclock P.M. Boland M. D.

Medical Attendant.

Undertaker, Geo C Rademmayer

Place of Business, 38 Exeter St *Address,* 190 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37748, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

Date of Death, February 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gwynn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 9 *Months.* 29 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Caroline Co Md

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and number.} 616 Lexington St.

Cause of Death, First (Primary,) Valvular Disease of the Heart

Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Feby 9- 1880

J. Wm Walls M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St *Address* 18 So Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

Date of Death, February 8th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel H McDonald

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Bookbinder

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } N 203 Mulberry St

Cause of Death, { First, (Primary,) Pulmonary Phthisis. / Second, (Immediate,) The same

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, February 9th 1880 Henry Salzer *M. D.*

Medical Attendant.

Undertaker, Chas. F. Schuren

Place of Business, 241 N Eutaw *Address,* 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

Date of Death, Feby 7. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Thomas

Sex, Male or Female, {cross out the word not required in this line.}

Age, 0 *Years,* 11 *Months,* *Days.*

Color, Color

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 44 S. Jenkins alley near Lexington St

Cause of Death { First, (Primary,) Dentition
Second, (Immediate,) convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cem'y

Date of Burial, Feby 8. 1880

Undertaker, John C. Linden

Place of Business, 1245 Pratt St

G Lane Dunphie M. D.
Medical Attendant.

Address, 129 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr 8/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burkard

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 2 *Years,* 7 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 27. S. Regester st.

Cause of Death { First, (Primary,) Diphtheritic Croup.
Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, I. H. Cemetery

Date of Burial, Feb 9

Undertaker, Powell & Dixon

Place of Business, 1 Bond st

D. S. Gauch *M. D.*
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37752

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Penthall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 *Years,* ~~Months~~, 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Mariner

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Nansemond Co, Va.

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number.} 313 E. Balt st.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Gangrene of lower limbs & embolism in the brain & Lungs,

Duration of Last Sickness, 3 months & 15 days

All the above Information should be furnished by the Physician.

Place of Burial, Batto cemetery

Date of Burial, Feb 10th 1880

Undertaker, Denny & Mitchell

Place of Business, 658 Broadway

John V. Conner M. D.
Medical Attendant.

Address 14 Aisquith st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Prevent Disease or Death

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Goble

Sex, Male or Female, {cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 13 China St

Cause of Death, {First, (Primary,) Bright's Disease of the Kidneys

Second, (Immediate,) —

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, —

Date of Burial, —

Undertaker, —

Place of Business, —

Geo Goble M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Eglinton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 123 N. Grist St.

Cause of Death { First, (Primary,) .....
Second, (Immediate,) Syphilis

Duration of last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Dallas Street C

Date of Burial, Feb 9th 1880

Undertaker, Theodore G. Locke

Place of Business, 13 Jefferson *Address,* 137 Orleans St.

J. D. Cruse M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 7 — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridgit Preston

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 26 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 46 Clement st. Locust Point

Cause of Death {First, (Primary,)} Puerperal fever

{Second, (Immediate,)}

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feby 9th

Undertaker, McClure & Son

Place of Business, 64 Eutaw st

P. L. Daniel *M. D.*
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1880

Full Name of Deceased, {Write legibly, and spell correctly. If an infant not named, give names of parents.} Laura Barnett

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16. Vine st

Cause of Death, {First (Primary,) Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 8th 1880

Frank W. Gunon M. D.
Medical Attendant.

Undertaker, John H Mauzy *Address* 187 Saratoga st

Place of Business, 223 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* One *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 7 S. Bethel St.

Cause of Death, {First (Primary,) Unknown

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E P. Cemetery

Date of Burial,

Undertaker, P Mullin

Place of Business,

D. E. Ardaud M. D.
Medical Attendant.

Address Coroner E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attorney

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

Date of Death, 9th February 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Anderson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, W

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 19 Front St.

Cause of Death First, (Primary,) Gastro Enteritis

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 11th 1880 H W Nebelup M. D.

Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front *Address,* 57 Bauer St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th, Feb. 1880 3 o'clock P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* 13 *Days.*

Color, Black *Sex,* male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 2. Stockholm Baltimore

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feb 9 1880

C. C. Richardson M. D.
Medical Attendant.

~~*Undertaker,*~~ Faller *per* Saml Johnson

Place of Business, 2. Stockholm St *Address* 394 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 37760

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9.1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 8th. 5.45 A.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Christopher.

Sex, Male or Female, {cross out the word not required in this line.}

Age, Nine *Years,* ~~two~~ *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil County, Maryland.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number} 199 Maryland Ave. Balt. Md.

Cause of Death, First, (Primary,) Cirrhosis of Liver.

Second, (Immediate,) Asthenia.

Duration of last Sickness, From January 8th. 1880.

All the above information should be furnished by the Physician.

Place of Burial, Cecil County Md

Date of Burial, Feb 10th 1880

Alex E. Claudand Coale M. D.
Medical Attendant.

Undertaker, Geo Whence

Place of Business, 195 N Eutaw St

Address, No 237 Maryland Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attend...

Board of Health, City of Baltimore,

Permit No. 37761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr 8 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederika Muller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 36 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 128 Jefferson St

Cause of Death First, (Primary,) Puerperal Fever

Second, (Immediate,)

Duration of last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Balle Cemet

Date of Burial, Feb 10 1880

Undertaker, H. Hoeck

Place of Business, N. Central av

Adam M Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37762

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

Date of Death, Febr. 8 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Nolan

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ~~Years,~~ ~~Months,~~ 7 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltw. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 136 S. Central Av.

Cause of Death First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, February 9, 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

P. G. Daniel M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lane

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~Two~~ 3 *Years,* eight *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 76 S. Washington St

Cause of Death First, (Primary,) ~~Typhoid Fever~~ Scarlatina

Second, (Immediate,) Hydrocephalus + Coma

Duration of last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 9th 1880

Undertaker, M. A. Dayger

Place of Business, 74 S. Broadway

Jno S. Lynch M. D.
Medical Attendant.

Address, [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person [illegible] the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, w[illegible]omes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons sup[illegible]he burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (w[illegible]ried or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 37764

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ferdinand Frank

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* 6 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 227 E. Eager St.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) old age —

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 9 1880

Francis A. Sauer M. D.
Medical Attendant.

Undertaker, Geo Keeler

Place of Business McDonough & E. Eager Address, 105 N. Central Ave

$5

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

Date of Death, Feb 5 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Judith Laurence

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Eight *Years,* ... *Months,* ... *Days.*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country, (and how long in the United States if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 13 Yrs

Place of Death, {Give street and number} 3 Vincent St

Cause of Death, First, (Primary,) Cardiac Disease

Second, (Immediate,) Dropsy

Duration of last Sickness, Two Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 9 1880

Undertaker, W. Fennell Dingue

Place of Business, No 28 East Street

Geo R. Quinan M. D.
Medical Attendant.

Address, 680 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 37766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Williams Doctor

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, ~~c~~ d

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give street and number} 224 Pine St.

Cause of Death, First, (Primary,) Consumption & Bowels

Second, (Immediate,)

Duration of last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 9 1880

John Duffy M. D.
Medical Attendant.

Undertaker, Wm. Hamer

Place of Business, No 64 East St

Address, 538 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 37767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 6 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Jackson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* ~~11~~ 7 *Months,* 15 *Days.*

Color, Colored *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Falls City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 11 N. Parish ct

Cause of Death, {First (Primary,) Membranous croup
Second (Immediate,) Exhaustion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Feb 9 1880

{*Undertaker,* Wilson & Longe
Place of Business, No 62 East Street

J. S. Jordan M. D.
Medical Attendant.

Address 632 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 37768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lough

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, cashier -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 61 years

Place of Death {Give street and number} 106 N. Biddle St

Cause of Death {First, (Primary,) apoplexy / Second, (Immediate,) paralysis

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill Cemt Philada P.A.

Date of Burial, Feb 10th 1880

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Laurel Hill Ave

G Lane Tanneyhill M. D.
Medical Attendant.

Address, 129 N. Biddle St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 37769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

Date of Death, January 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Derr

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* 10 *Months,* 18 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} 136 N Hugh St

Cause of Death, First (Primary,) Rheumatism. Chronic Pneumonia

Second (Immediate,) Intestinal Pneumonia

Duration of Last Sickness, Seventy days

All the above information should be furnished by the Physician

Place of Burial, Frederick Md.

Date of Burial, February 10th 1880 Samuel Armitage M. D.

Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St Address No 14 Pacca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 27770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 3 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H. Frederick

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years*, 4 *Months*, 2 *Days*.

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 108 N Biddle St.

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate.) Pneumonitis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, Feb 10th

Undertaker, H C Weidefeld

Place of Business, 90 Greenmount Ave

J H Mitchell, M. D.
Medical Attendant.

Address, 241 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

Permit No. 37771

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT
FEB
9
1880
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Handler

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Infant

Place of Death, { Give street and number } 32 Liberty Lady

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days.

...could be furnished ...hysician.

Place of Burial, St. ... Cemetery

Date of Burial, Feb. ... 10th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Gr...

Edward P. Mansfield M. D.
Medical Attendant.

Address, 137 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further ordained and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

...AND STATIONERS.

[over.]

The Special Attention of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 37772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1 BALTIMORE

Date of Death, February 9th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Rudermier

Sex, ~~Male or Female~~, { cross out the word not required in this line. } ~~Male~~ Female

Age, Years, 10 Months, 16 Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation,~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 215 Hudson st

Cause of Death { First, (Primary,) Meningitis (Tuberculas)
Second, (Immediate,)

Duration of last Sickness, (Ten Months)

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Feb 11th

Undertaker, H. C. Froehlich

Place of Business, 246 Eastern Av

Thomas D. Evans M. D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

No.

Board of Health, City of Baltimore,

Permit No. 37773

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1 1880 BALTIMORE

Date of Death, Feb 7. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, Dr Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Town Ditch

Duration of Residence in the ~~City of Baltimore~~, In Institution 8 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) marasmus

Second, (Immediate,)

Duration of last Sickness, from Reception

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 11. 1880

Undertaker, Jno Brannigan

Place of Business, 156 Division St

Mabury Brewer M. D.
Medical Attendant.

Address, 6 & McCulloh Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maude

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* about 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } St Vincents Infant asylum

Cause of Death, { First, (Primary,) Marasmus / Second, (Immediate,) Spasms

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 11 1880

Undertaker, Jn Brannigan

Place of Business, 152 Division St.

Mathew Beaver M. D.
Medical Attendant.

Address, 66 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis R. Coleman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 10 E. Hamilton st

Cause of Death, First, (Primary.) Scarlet Fever.

Second, (Immediate.) Convulsions (Uremic)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ct

Date of Burial, February 10 1880

Edward P. Merrill M. D.
Medical Attendant.

Undertaker, Henry Hook

Place of Business, 209 N. Central Av *Address,* 137 E. Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37776

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1 1880 BALTIMORE

Date of Death, Feb. 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. Zillinger

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Miller

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 1½ years

Place of Death, {Give street and number} 192 N. Dallas St.

Cause of Death {First, (Primary.) Uraemia

{Second, (Immediate,)

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Ch

Date of Burial, February 10 1880

Undertaker, Henry Hoch

Place of Business, 309 N. Central Ave

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

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...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 9 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Driscoll

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 47 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} 162 N. Eutaw St.

Cause of Death, First, (Primary,) Pulmonic Pneumonia

Second, (Immediate,) Anthrax

Duration of last Sickness, 4 yrs.

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, February 10 1880

Undertaker, Henry Hock,

Place of Business, 169 N. Eutaw St.

David Bissell M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Geiger

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 36 *Years,* 3 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cooper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 142 Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} No 142 S. Spring St

Cause of Death, {First (Primary,) Necrosis — Phthisis

Second (Immediate,)

Duration of Last Sickness, — 12 months —

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery.

Date of Burial, 11th of Feb.

{*Undertaker,* Fred Goode.

Place of Business, 29 S. Caroline St.}

Thomas B. Evans. M.D.

Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supiutending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 37779

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Newton

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Western Shore, Md.

Duration of Residence in the City of Baltimore, 53 years.

Place of Death, {Give street and number} 479 W. Pratt St.

Cause of Death { First, (Primary,) / Second, (Immediate,) Chronic Valvular Dis. of Heart.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb' 10th 1880

Undertaker, John Mackin

Place of Business, Pea & Lombard St

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

...n of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 37780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 9. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel E. Taylor

Sex, Male or ~~Female,~~ { cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Cigar Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 203 E. Balt. St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis

, { Second, (Immediate,) Hemorrhage

Duration of last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 11 1880

Undertaker, Thos. S. Hughes

Place of Business, [redacted]

G. G. Lusk *M. D.*
Medical Attendant.

Address, Balt. & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per...deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 37784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida V. Abrams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 163 W Lombard St.

Cause of Death, First, (Primary,) Remitting

Second, (Immediate,) Paralysis of the heart

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Newport Perry Co Pa

Date of Burial, Feb 1880

Undertaker, Henry W. Mears

Place of Business, 145 N. Gay St

J. H. Branham *M. D.*
Medical Attendant.

Address, 163 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DOBLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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Board of Health, City of Baltimore

Permit No. 37782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Gribb

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE.

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* 10 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 211 Dolphin St

Cause of Death First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 10. 1880

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

G H Adams M. D.
Medical Attendant.

Address, 218 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ophelia Reynolds

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil County Md

Duration of Residence in the City of Baltimore, Forty five Years

Place of Death, {Give street and number} 21 S High St

Cause of Death { First, (Primary,) Pneumonia Hypertrophy heart
Second, (Immediate,) Hypertrophy Heart Dropsy Incised Stenosis

Duration of last Sickness, Four Days one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 11th 1880

Undertaker, Thos. S. Hayden

Place of Business, 60 E. Baltimore St

W. W. Hammond M. D.
Medical Attendant.

Address, 64 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 37784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert N Legree

Sex, Male ~~or Female~~, { cross out the word not required in this line. } Male

Age, ____ *Years,* 5 *Months,* 16 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ Single

Occupation, ~~—~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 210 Chestnut Ave

Cause of Death, { First, (Primary,) Tumor on neck

Second, (Immediate,) Pressure of tumor & debility, low fever

Duration of last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Rural Cemetery

Date of Burial, Feb. 10, 1880

Undertaker, Charles A White

Place of Business, 35 Granby St

H. R. Stettenbaft M. D.
Medical Attend'ant.

Address, 77 Eager St

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Use of Disinfectants.

Board of Health, City of Baltimore

Permit No. 37785.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Clement

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, About 55 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Methodist minister

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Albany N.Y.

Duration of Residence in the City of Baltimore, About 22 years

Place of Death, {Give street and number} 490 W Lexington St.

Cause of Death First, (Primary,) Tricuspid Stenosis Hydrops Cordis

Second, (Immediate,) Anasarca Exhaustion

Duration of last Sickness, In bed 4 weeks – Complaining one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feb 10th 1880

Drs Hammond & Mifflin *M. D.*
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, ...

Address, 64 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...n of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

Permit No. 37786

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Wise

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Forty Eight Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, White Eight

Place of Death, {Give street and number} # 12 Bruce St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Two (2) Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 10th 1880

J. J. Kirkman M. D.
Medical Attendant.

Undertaker, D. Kennedy

Place of Business,

Address, # 584

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 3778[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
10
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 188[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Gibson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 44 McElderry St

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,) [illegible]

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Gem.

Date of Burial, Feb 11th 1880

Undertaker, Theo J Locky

Place of Business, 72 Jefferson

Silas N Herndon M. D.
Medical Attendant.

Address, 36 Gratz[illegible] Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37788 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chauncey H Mc

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 32 ays *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, Three weeks

Place of Death, {Give street and number.} Howard House

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,)

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Ohio

Date of Burial, Feb 12 th

Undertaker, Andrews & Hodges

Place of Business, 446 Lexington Ave *Address*

R W Kinsey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 37789

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Dietrich

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 536 Washington St

Cause of Death, First, (Primary,) Scarlet Fever (malignant)

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 11th.

Undertaker, J. J. Pendas

Place of Business, 66 Frederick Ave

James Bosley M. D.
Medical Attendant.

Address, 99 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 37790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret May

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery and Child's Hospital

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Mal-Nutrition

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 11

Undertaker, [illegible]

Place of Business 197 [illegible] *Address,* ____

C. F. I. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 37791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE

Date of Death, Feb 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Savage

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~~ *Years,* / *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 181 Chestnut alley

Cause of Death, First, (Primary,) cold infantile

Second, (Immediate,) convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 11th 1880

John A Ulman M. D.
~~Medical Attendant.~~

Undertaker, Sam'l W. Chase

Place of Business, Howard & Hill (54) *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

Examd E. Weinmann

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

Permit No. 37792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9 — '80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} — Infant — son of

Sex, Male or Female, {Cross out the word not required in this line.} Male — J. B. Ratcliffe

Age, at Birth *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 168 Arlington Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 168 Arlington Ave

Cause of Death, First (Primary,) Asphyxia —

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Feb 10 "1880

Apl. Pmrll M.D.
Medical Attendant.

Undertaker, S. M. Leonards

Place of Business, W. Balto St *Address* 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 37793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Louisa Kirkland

Sex, Male or Female, {cross out the word not required in this line.}

Age, 11 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 175 Bank St

Cause of Death First, (Primary,)

Second, (Immediate,) Scarlet fever

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 10th 1880

Undertaker, Mosby & Sons

Place of Business, 263 Light St

J. H. Cuney M. D.
Medical Attendant.

Address, 76 Lloyd St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 37794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9th of February 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Marcinie

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White *Sex,* F

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, {Give street and number.} W. Lombard N. ~~No 37~~ No 211

Cause of Death, First (Primary,) Catarrhus senilis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loyd St. Cong. Cemetery

Date of Burial, Feby 11th.

Fred. Hofs M. D.
Medical Attendant.

Undertaker, C. Hollander & Sons

Place of Business, 22 N. Pratt sts, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of [illegible]

Board of Health, City of Baltimor[illegible]

Permit No. 37795

OFFICE OF REGISTRAR OF VITAL STATIS[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Eigner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 3. *Years,* 2 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Almost 27 Years

Place of Death, {Give street and number} 62. S. Central ave

Cause of Death { First, (Primary,) Phthisis Pulmonalis of both Lungs
, { Second, (Immediate,) — Do — " "

Duration of last Sickness, Almost 14 months

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem.

Date of Burial, 11th Feb 1880

Undertaker, Peter Seaman

Place of Business, 15 Eden St

G. A. Dehne M. D.
Medical Attendant.

Address, 82 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention o

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 27796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE

Date of Death, February 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Hosmer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, School Boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S. A.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 101 Granby st

Cause of Death First, (Primary,) Tubercular Disease of Brain

Second, (Immediate,) attend with Convulsion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 11th 1880

Undertaker, Las P Byrne

Place of Business, Front st

J. Ridgway Andrie M. D.
Medical Attendant,

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 3779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 9-80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Dugan

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 5 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States. if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 83 Aliceanna.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 11th 1880

Undertaker, Jas P Byrne

Place of Business, 63 Front St

J. Geo. Dugan M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 37798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } (Parents Richd & Augustus Anne Johnston

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 2 Dolphin St

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Inanition

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feby 10th 1880

Undertaker, McDonough

Place of Business, 319 Lemmon Ave

J. J. Miller M. D.
Medical Attendant.

Address, 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

For Special Attention

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 37799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kelley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Twenty five *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number} No. 710 S. York Street

Cause of Death { First, (Primary,) Exposure
, { Second, (Immediate,) Pulmonary consumption

Duration of last Sickness, Four Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 10 1880

Undertaker, Samuel H. Chase

Place of Business, 198 South Howard St

L. D. Geer M. D.
Medical Attendant.

Address, 146, Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 10 1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Matthews

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* 10 *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 617 Light St

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis

Duration of last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 10 1880

Undertaker, Samuel H. Chase

Place of Business, 198 South Howard St

Signature of Medical Attendant, M. D.

Address, 146 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to sh within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- rth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

GUANT & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 37801

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurat
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB
10
1880
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Carpenter

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 44 *Years,* — *Months,* Colored — *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number.} 13 Montgomery St. Mrs. Chase

Cause of Death, {First (Primary,) Cancer of Left Breast

Second (Immediate,)

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 11 1880

Undertaker, Samuel H. Chase

Place of Business, 198 South Howard St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimor

Permit No. 37802

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Hudson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ~ *Years,* ~ *Months,* 13 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number.} 43 Bond St

Cause of Death, {First (Primary,) Capillary Bronchitis / Second (Immediate,) Exhaustion

Duration of Last Sickness, about Four days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, Feb 11th 1880

Undertaker, Jas P Byrne

Place of Business, Front St

Chas. Wm. Wood M.D.
Medical Attendant.

Address, 63 Bond St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...l Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

...Board of Health, City of Baltimore,

Permit No. 97803

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 9 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kraemer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number} 73 Biddle st

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Bonaventure

Date of Burial, 11th Feb

H Tallman *M. D.*
Medical Attendant.

Undertaker, Chas Berman

Place of Business, 241 Eutaw st *Address,* 21 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death; Feby 10th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph B. Jones.

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 2 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 159 Cross St.

Cause of Death First, (Primary,)

Second, (Immediate,) Diphtheretic Croup. 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemty

Date of Burial, Thursday July 12th 80. 2 P.M.

Undertaker, B. Harle

Place of Business, 411 Light St.

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Cross St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosanna Gray

Sex, Male or Female, {cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, {Give street and number} 118 Hanford Avenue

Cause of Death { First, (Primary,) Intra-Uterine tumour
Second, (Immediate,) Hamorrhage - Anaemia - Exhaustion.

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Dormic Baal Cemetery

Date of Burial, February 11 1880

Wm Morris M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Front St *Address,* 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible] Certificate.

The Special Attention

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 67806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* One *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 41 61 Madison St

Cause of Death, First, (Primary,) Chronic

Second, (Immediate,) Phthenitic Coup

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Feb 2 1880

Undertaker, Henry Davis

Place of Business, Hanover St [illegible]

[illegible] *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph. Dunn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~0~~ *Years,* 5 *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Cor William & York Sts

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus | *Medical Attendant.* Howard Cox M. D.

Date of Burial, Feb 11th 1880

Undertaker, C. F. Krauze

Place of Business, 209 Hanover | *Address,* 1446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below. [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 9 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie L. Nicklas

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 297 S. Charles St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlatina

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

F. Newton Carter M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE D

CERTIFICATE OF DEATH.

Date of Death, Feb. 11 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Hurd

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 0 *Years,* 7 *Months,* — *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Kid

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Balto. (7 mos)

Place of Death, {Give street and number} 143 North St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Apnoea

Duration of last Sickness, 5 dys.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 14th 1880

David Streett M. D.
Medical Attendant.

Undertaker, E. W. Taylor Jun. & Co.

Place of Business, 143 N. North St.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 9, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella C Trail

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 22 Johnson st

Cause of Death First, (Primary,) Hepatitis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Feb 11th '80

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

M. D.
Medical Attendant.

Address, H. W. Webb M.D. 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen G. Coleman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 40 *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 186 McCulloch St. Baltimore

Cause of Death, First, (Primary,) Atrophy of the Liver

Second, (Immediate,) " "

Duration of last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cy

Date of Burial, Feby 12/80

Undertaker, Samuel Mc Cann

Place of Business, 38 Park Ave

Jos: Longdellatus M. D.,
Medical Attendant.

Address, 38 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Schultheis

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, ——— *Years,* 1 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 186 S. Bond

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) atrophy

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Fleet St Cemetery

Date of Burial, Feb 12th 1880

Undertaker, Geo. Schultheis

Place of Business, 186 S. Bond

Thos A Glenn M. D.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam. by Geo. E. Taylor

The Special Attention o[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Vincent

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 47 Leadenhall St

Cause of Death, First, (Primary.) Confinement

Second, (Immediate.) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 11th 1880

Undertaker, L W Glass

Place of Business, Lombard & Bill Aves *Address,* Comm of Health & Registrar

John A Clem M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 11 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F. Schultheis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 24 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany (10 yrs in America)

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} St Joseph's Hospital

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Asphyxia

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, Feby 14th 1880

Undertaker, 76 Schultheis

Place of Business,

Oscar J. Keen M. D.
Medical Attendant.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ollie Brown Stein

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, as above

Place of Death, {Give street and number} #324 E. Monument St.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Pneumonia

Duration of last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Feby 12/880 | G H Taylor M. D.

Medical Attendant.

Undertaker, Henry Sander

Place of Business, 262 Eastern Ave *Address,* 210 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Ed Woolford

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* 3 *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Madeira alley below Gay

Cause of Death, First, (Primary,) Atrophy

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 11th 1880

Undertaker, W. Frances

Place of Business, Carlton Av

James F Steuart M. D.

Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 37817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT REC'D FEB 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Dietrich

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 12 Years, ~~Months~~, One Week ~~Days~~

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 12 yrs and

Place of Death, {Give street and number} Washington St No 5 30

Cause of Death { First, (Primary,) Scarlet Fever
Second, (Immediate,)

Duration of last Sickness, 2 days & half

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 12th February 1880

{ Undertaker, J. J. Paulus
{ Place of Business, Frederick Ave

Geo. Glover M. D.
Medical Attendant.

Address, 26 N. Hugh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frances W Vogeline

Sex, ~~Male or Female,~~ { cross out the word not required in this line. } Female

Age, 2 0 *Years,* 6 *Months,* 13 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number } 65 Little Mc Elderry st

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Gangrene of left leg

Duration of last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Ft Christian Co

Date of Burial, February 11 1880

Undertaker, Henry Hook

Place of Business, 369 N. Central Av

S. F. Coyner *M. D.*
Medical Attendant.

Address, 134 N Wolfe st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

37819

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. FEB 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Arthur

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 80 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Black

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co - Md - 13 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Lehman St - near Oregon

Cause of Death First, (Primary,) ~~Abscess~~ Disease valves of heart

Second, (Immediate,) Dropsy -

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Orchard St. Cem

Date of Burial, Feb. 12. 1880

Undertaker, Saml. W. Chase

Place of Business, Hubbell & Haven *Address,* 76 Cannon dam Ave

Jno. F. Kinn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37820

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertie Howard

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 53 W Henry St

Cause of Death, {First, (Primary,) Pertussis

{Second, (Immediate,)

Duration of last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Feb. 13th 1880

R K Knox M. D.
Medical Attendant.

Undertaker, Annsbury & Dennis

Place of Business, Mansfield & Light Street *Address,* 53 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ne Special Attention o... ...rtificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1879

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Hussey

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ire

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} Aged Women's Home

Cause of Death First, (Primary,) Senile Decay

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feb 12th 1880

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Geo H Lepé M. D.
Medical Attendant.

Address, 1 Waverley Terrace

HEALTH DEPARTMENT RECEIVED FEB 12 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...he Special Attention of ... ...this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE

Date of Death, Feb. 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Settles

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 373 West St.

Cause of Death, {First, (Primary,) Apoplexy

Second, (Immediate,) One week

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 12 1880

C. M. Hall M. D.
Medical Attendant.

Undertaker, Samuel A. Chase

Place of Business, 198 S. Howard St. *Address,* 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Church

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 3 1880 BALTIMORE

Date of Death, Monday Sept 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Needham

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Washer & Ironer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number} 213 Raburg St.

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,)

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 12 - 1880

J. Dominick Morris M. D.
Medical Attendant.

Undertaker, Samuel W. Chase

Place of Business, 198 South Howard *Address,* 532 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Laurel

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE

Date of Death, Feb 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nancy Johnson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 74 *Years,* ..... *Months,* ..... *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Eastern Shore of Md. Talbot Co.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number } 170 Eutaw st.

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) suffocation by smoke, accidental death,

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 13 1880

Geo. Dyke Conner M. D.
Medical Attendant.

Undertaker, Samuel H. Chase

Place of Business, 198 S. Howard St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Hubner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

~~Married~~; Single, ~~Widow or Widower;~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 146 Eastern Avenue

Cause of Death, { First (Primary,) Congestion of Lungs / Second (Immediate,) Asthenia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, Feb 12th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

J. F. Steffenderfer *M. D.*
Medical Attendant.

Address 2 E High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Leo McLaughlin

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, *Years,* 18 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 44 N. Exeter St

Cause of Death { First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 12 1880

Undertaker, James O Byrne

Place of Business, No 63 N Front St *Address,* 75 E Baltimore St

J. C. W. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible] List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams Johnson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 190 Cramer st.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pneumonia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 12

R. M. Hall M. D.
Medical Attendant.

Undertaker, Hercules Foss

Place of Business, 95 Conway St *Address,* 262 S Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

1880

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Regina Flaherty

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* A few months *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 297 N Canal St

Cause of Death, { First, (Primary,) Atelectasis Pulmonum

{ Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 13 1880

Undertaker, Henry Gilbert

Place of Business, 309 Central Ave *Address,* Cor Bayard & Fort Ave

E Wellborn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie Watkins Sweeney

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 6 *Months,* 17 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 604 W. Lombard St.

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) " "

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore Cemetery~~ Loudon Park

Date of Burial, Feb 13th 1880

Undertaker, S. McLaughlin

Place of Business, 782 W. Baltimore *Address,* 581 Lexington St.

Thomas Poe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37830

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37830

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Sunderland

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 23 *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Ship-Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 187 South Street

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Feb. 12 1880

James D. Shaw M. D.
Medical Attendant.

Undertaker, M. A. Dayer

Place of Business, 74 S. Broadway *Address,* 68 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37831

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry C. Boyce

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Three *Years,* Eleven *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 218 Lanvale St.

Cause of Death { First, (Primary,) Undetermined
Second, (Immediate,) Cerebral Meningitis

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, February 12th 1880

Silas Baldwin M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of ... ...is Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Frank~~ Frank H. Steer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 1 Horn st

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Insanition

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, Feb 12th 9 o'clock

Undertaker, Geo. C. Rodemeyer

Place of Business, 38 Eutaw St

C. B. Billingslea M. D.
Medical Attendant.

Address, Harford Ave & Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 12 1880 HEALTH DEPT. BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 11, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Furlong

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} 407 McHenry st

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Pikesville

Date of Burial, Feb 13 1880

James Boaley M. D.
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 37834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 11th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary L. Benton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 356 Fremont St.

Cause of Death, { First (Primary,) Bright's Disease. { Second (Immediate,) Dropsy

Duration of Last Sickness, 12 mos.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemt

Date of Burial, Feb 13th 1880

Undertaker, Andrews & Hodges

Place of Business 564 & 6 Druid Hill Ave

J. Whitehurst, M. D.
Medical Attendant.

Address Laytha & Baa Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE

Date of Death, Feb 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brady

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 3 months 3 weeks

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 51 Richmond St

Cause of Death { First, (Primary,) Pulmonary Congestion
Second, (Immediate,) .....

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, Feb 12th 1880

Undertaker, Joseph F Byrne

Place of Business, 89 & Liberty

Wm Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE

Date of Death, Febr 13. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva Mutterwagner

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number } No 23 W. Lombard St

Cause of Death { First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Enlargement of Heart

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Feb. 13 Thu 80

Abram B. Tuttle M. D.
Medical Attendant,

Undertaker, Rau & Bartell

Place of Business, 62½ W. Balt St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb: 12 th:

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Grunsfelder

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 16 *Years,* 5 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 272 Saratoga St.

Cause of Death, First, (Primary,) Heart disease with Dropsy

Second, (Immediate,)

Duration of last Sickness, about 8 years

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery, Fair Road

Date of Burial, Feb 13th 1880

Felix Jones M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Special Attention of ... ...This Certificate.

Board of Health, City of Baltimore,

Permit No. 37838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Rosenthal

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 73 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number} No. 34 Lemmon Avenue

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) —

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Bolt Hebr. Cemetery

Date of Burial, Febr 13th 1880

Undertaker, John Caleb

Place of Business, Franklin St

D. J. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12 am. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Vaulill

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 100 Parkton St

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number} 32 Wrath St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Consumption

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 14 1880

John I. Fiter M. D.
Medical Attendant.

Undertaker, C F Kraus

Place of Business, 209 E ...

Address, No 160 Saratoga 1221

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 11 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Oftner

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltz

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} East St. on the Lot [redacted]

Cause of Death { First, (Primary,) Spasm
Second, (Immediate,) Uraemia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, February 12. 1880

J. J. Gross M. D.
Medical Attendant.

Undertaker, Abraham Hayman

Place of Business, 30 Saratoga St. *Address,* 137 Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37841

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE.

Date of Death, Feb. 10' 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Roth.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 53 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Pedlar

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Cancerous Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, E. B. P. Cemetery

Date of Burial, Feb 12' 80

Undertaker, P. Mullin

Place of Business, ...

David Streett M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 12 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hoffman

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number } 38 Hampd Co

Cause of Death { First, (Primary,) Laryngeal Consumption

{ Second, (Immediate,)

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem.

Date of Burial. Feb. 13th

Wm B Smoot M. D.
Medical Attendant.

Undertaker, H. Deisel

Place of Business, S. Bond st. 151 *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anne Clarke Williams

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 28 *Days.*

Color, White *Sex,* ~~Sex,~~

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 60 Franklin St. Balto.

Cause of Death, First (Primary,) Scarlet Fever.

Second (Immediate,) Blood Poison

Duration of Last Sickness, Life 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 13th Feb. 1880

Alan P. Smith M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Bo[illegible], City of Baltimore,

Permit No. 378414

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febry 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda Cornish

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* —— *Months,* —— *Days.*

Color ~~ed~~

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} Nr. 19 Union St.

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Some mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Febry 14th 1880

Undertaker, Wm E Lee

Place of Business, [illegible]

Wm E Lockwood M. D.

Medical Attendant.

Address [illegible]

V

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...special attention of... ...this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Kettring

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 70 Rue St

Cause of Death { First, (Primary,) Contusion. / Second, (Immediate,) Peritonitis.

Duration of last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Stephanus Cem.

Date of Burial, Feb 14 '80

Undertaker, M. France

Place of Business, 25 Canton Av. *Address,* 94 S. Broadway

Aug. F. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13, 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeanette Kahn

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 29 *Years,* — *Months,* — *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 1/2 years

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Exhaustion

Duration of Last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalom Cemetry

Date of Burial, Febr 12th 1880

Undertaker, Wm Eilau

Place of Business, 101 Gough St

A Friedenwald M. D.
Medical Attendant.

Address 88 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 11. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentin Kuhn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 5' *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 311 Canton Aven.

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, February 14th 1880

Undertaker, H. H. Gibmeyer

Place of Business, 341 Canton Ave. *Address,*

John J. Litzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Phy... ...this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Brady

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 13 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number } 18 E Pratt St

Cause of Death, { First, (Primary,) Typhoid Fever
Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, H. H. Johnsons Cemetery

Date of Burial, February 13th 1880

Undertaker, W. M. Gubmeyer

Place of Business, 341 Canton Ave. *Address,* .....

J. H. Buck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...o Special Attention of ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13. 1880 BALTIMORE.

Date of Death, Thursday, Feb 12th. 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustavis Berger.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 46 *Years,* 7 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Maried

Occupation, Florist.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 27 Years.

Place of Death, {Give street and number} 208 Greenmount Ave

Cause of Death First, (Primary,) & Pleuritis

Second, (Immediate,) Empyemia &c.

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Febry 14 1880

Undertaker, John Lutz

Place of Business, 161 Balto St

Wilmer Brinton, M. D.
Medical Attendant.

Address, 25 ½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February, 12th, 50, clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Schramm

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 59 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Ten (10) years

Place of Death, {Give street and number.} No. 690 Light Street

Cause of Death, First (Primary,) ———

Second (Immediate,) Cancer of Liver

Duration of Last Sickness, 3 or 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 15

Undertaker, Bernhardt Wade

Place of Business, 411 Light St.

Dr. H. Edmunds M. D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 10 of Directions for Use of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13, 1880 BALTIMORE

Date of Death, Feb 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Brown

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 124 N Dallas n-

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 13th 1880

W. L. Russell M. D.
Medical Attendant.

Undertaker, Theo J Locke

Place of Business, 73 Jefferson *Address,* Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia H. Cairns

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* 9 *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} No. 187 Arlington Ave

Cause of Death, {First (Primary,) Pulmonary Consumption

{Second (Immediate,) Asthenia

Duration of Last Sickness, More than one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feby 14th 1880

{*Undertaker,* R Kennedy & Jno

{*Place of Business,* 92 Howard St

S. A. Chew **M. D.**

Medical Attendant.

Address 141 Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13, 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brian

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 880 W. Balto St

Cause of Death, First, (Primary,) Mal nutrition

Second, (Immediate,) Atrophy

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, Feb 12 1880

James A Steuart M. D.
Medical Attendant

Undertaker, W. M. Dunges

Place of Business, East St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenman M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e special attention of ... to the ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37854

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lewis

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 16 *Years,* 6 *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, News Boy

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number} ~~10~~ 8 N Bremont St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) ———

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Woodstock Virginia

Date of Burial, February 13th 1880

Undertaker, J. B. Cook

Place of Business, #707 W. Baltimore St. *Address,* Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1670

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, Sixty Six *Years,* Four *Months,* X *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 126½ N Pine St Baltimore

Cause of Death, { First, (Primary.) Ovarian Tumor

{ Second, (Immediate,) (No Operation performed)

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feby 15th 1880

Y. T. Knight M. D.
Medical Attendant.

Undertaker, P. Kummert

Place of Business, 317 Mulberry St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37856 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Rounge.

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, ... *Years,* 16 *Months,* ... *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 456 E. Monument St.

Cause of Death, {First (Primary,) Second (Immediate,)} Pseudo-Membranous Laryngitis.

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Schwartz - Cemetery

Date of Burial, February 14 1880

L. C. Gordon. M. D.
Medical Attendant.

Undertaker, Henry Hoerr

Place of Business, 306 E. Eutaw St.

Address 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13, 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Moore,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} "

Age, 65 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} "

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queens Cy Ireland.

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number.} No 19 Smith St

Cause of Death, First (Primary,) "

Second (Immediate,) Consumption

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feby 14th 1880

Undertaker, Wm E Chenowith

Place of Business. 336 Penna ave

E. A. Mears M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13, 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Olivia Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 196 S. Fremont st

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Uremia & Dyspnea

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Feb 14th 1880

O. A. Cook *M. D.*
Medical Attendant.

Undertaker, Wm J. Fellner

Place of Business, 65 S. Eutaw *Address,* 244 Conant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edward Wilson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 69 Asbury Av

Cause of Death, {First (Primary,) ..... Second (Immediate,) Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 14 1880

Undertaker, C W Chase

Place of Business, No 198 Howard

Jr. D. Gillis M.D.
Medical Attendant.

Address. 15 N W Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 37860

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BOARD FEB 13, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12 M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J. Watson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, African (Black)

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 94 Orchard St.

Cause of Death, {First, (Primary,) ..... Second, (Immediate,) Pentonitis

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Feb 14 1880

Undertaker, S W Chase

Place of Business, No 198 N Howard St

Wm B Rider M. D.
Medical Attendant.

Address, 107 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Boyer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Born & lives

Place of Death, {Give street and number} 1 Penn College

Cause of Death First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) Cachexia

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Chestertown Md

Date of Burial, Feby 14 1880

Undertaker, H W Chase

Place of Business, No 198 Howard

Wm S Boyer M. D.
Medical Attendant.

Address, 206 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1671

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Davis

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Thirteen *Years,* — *Months,* — *Days.*

Color, Mulatto *Sex,* —

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, {Give street and number.} No. 89 Pierce st.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Pericarditis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, Friday 14. 1880

Undertaker, John C. Gorsuch

Place of Business, 182 62 Park Ave

F. B. Gardner M. D.

Medical Attendant.

Address 120 W. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 37863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Hillgardner

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 77 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Forty-two Years.

Place of Death, {Give street and number} # 23 Shakspeare St.

Cause of Death, First, (Primary,) Old age accompanied by

Second, (Immediate,) Paralysis.

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, 16 February 1880

John H. Rehberger M. D.
Medical Attendant.

Undertaker, John C. Frick

Place of Business, 265 Allen ave *Address,* 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 13th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliza Deshon

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 11 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 9 Mercer St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.)

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tomorrow 2 O'Cl. P.M. 15th

Louis McHenry M. D.
Medical Attendant.

Undertaker, Jacob Butler

Place of Business, No 21 Harrison St. *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10 / 80

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margetta Williams

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~Years~~, Six Months, Six Days.

Color, Sex, Collard

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Six months & Six Days

Place of Death, { Give street and number. } 168 Dover St

Cause of Death, { First (Primary,) Debility from Birth / Second (Immediate,) Cynanche Trachealis

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Sunday Feb 15 80

Undertaker, Wm. H [illegible]

Place of Business, No 62 East [illegible]

Liberia Cornish ..... *M. D.*
Medical Attendant.

Address 227 Dover St

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Read the other

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday Feb 13/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Wailes

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 203 E Fayette St

Cause of Death First, (Primary,) Apoplexy,

Second, (Immediate,)

Duration of last Sickness, no deep

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Hebrew Cemetery

Date of Burial, Febr 15th 1880

Thos B. Smith M. D.
Medical Attendant.

Undertaker, Wm. Eilau

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Daneker

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 81 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md.

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number.} 29 Hanover Ave

Cause of Death, First (Primary,) Fracture of Femur

Second (Immediate,) Prostitution

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 14th

Undertaker, Geo Schilling

Place of Business, 47 Holland Lyman

E. C. Jordan *M. D.*
Medical Attendant.

Address, 98 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 14. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kimpel,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Fifty three *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Twenty Seven years.

Place of Death, {Give street and number} 45 S. High St.

Cause of Death First, (Primary,) Cold.

Second, (Immediate,) Dropsy

Duration of last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb. 15

Undertaker, Wendelin Dippel

Place of Business, S. Bond st. 751

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Dignan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 44 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 21 Perry St

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,) 3 Months

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Feb 15th 1880

Wm Whitridge M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY-PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

Date of Death, 13th February 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph McKenna

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 96 York st

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 14th 1880

Undertaker, C F Krause

Place of Business,

H W Webster M. D.
Medical Attendant.

Address, 59 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Special Attention of ... ...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Maley

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 46 E. Covington St.

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 14th Feb. 1880.

Undertaker, F. H. Tisdall

Place of Business, 131 Hanover St Balt; *Address,* 146 Hanover

Frederick Ortt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Meta H Ruperth

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 1 *Years,* 0 *Months,* 23 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 130 N. Eutaw

Cause of Death, {First (Primary,) Pyaemia pem

Second (Immediate,) Pneumonia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, Feb. 15th

{*Undertaker,* H. Bergmann

Place of Business, 45 Clay St

L Pattairel M. D.
Medical Attendant.

Address 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gelbach

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ac

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 40

Place of Death, {Give street and number} 108 Second S

Cause of Death {First, (Primary,) Hypertrophy of Heart
Second, (Immediate,) Uremia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 16th 1880

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave

J H Hutton M. D.
Medical Attendant.

Address, 27 Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...special attention of ... to this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emory McDonald

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 279 S. Paca St

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, 31 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 15th

Thos Condon M. D.
Medical Attendant.

Undertaker, F. A. Tyrell

Place of Business, 131 Hanover St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Morning Feb 14th 1880,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Beitzler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 173 Greenmount Ave

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) Dyphtheritic Croup

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 14 th

Wilmer Dorsey M. D.
Medical Attendant.

Undertaker, H. C. Niedefeld

Place of Business, 90 Greenmount Ave *Address,* 25 ½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nickson

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 63 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number.} 5 Monument St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) ———

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 15th 1880

Undertaker, Chas T Scruton

Place of Business, 220 N Eutaw St

E. C. Jordan M.D.
Medical Attendant.

Address, 80 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hall

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* one *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 30 N. Arlington Ave

Cause of Death, First, (Primary,) Le diviges Labor

Second, (Immediate,) asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 14 1880

Undertaker, P. Kummert

Place of Business, Mulberry St *Address,* Commissioners Health

Edmund A Gleun M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

[OVER.]

Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Griffin

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, H

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} 194 N. Biddle St

Cause of Death First, (Primary,) Unknown - Obstruction of bowels

Second, (Immediate,) probably from cancerous tumor - Exhaustion

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 15th 1880

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Randolph Winslow M. D.
Medical Attendant.

Address, 201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Lubs

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* 6 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Locksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number} 103 Lexington

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia 2 days

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Feby 15th 1880

Edward Cook M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albertina Gundlack

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 45 – 4[illegible] Years, 6 Months, 11 Days.

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 2 3 years

Place of Death, {Give street and number} 389 South Eutaw St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Febr 16th 1880

Undertaker, Theodore Koehler

Place of Business, Sharp & Cross sts

W. H. Krump M. D.
Medical Attendant.

Address, 55 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...de Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 13. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Had not been named yet. Father's name Wm Carson

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 45 S. Ann St.

Cause of Death { First, (Primary,) — Second, (Immediate,) Convulsions.

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb. 15th.

Undertaker, Geo. Lander

Place of Business, 352 Canton Ave. *Address,* 94 S. Broadway

Chas. F. Ensor *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie H Kunnike

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~ *Years,* ~ *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 310 E Baltimore St

Cause of Death, First, (Primary,) General Debility

Second, (Immediate,)

Duration of last Sickness, Congenital

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 15th

Undertaker, Henry Snyder

Place of Business, 232 Eastern Ave

D M Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily M Harding
Isaac

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} 55 S. Pope

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) " "

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, Feb. 15th

Thos Ogle M. D.
Medical Attendant.

Undertaker, J. B. Blackiston & Son

Place of Business, 606 W. Balto. St. *Address,* 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Williams - (Mother

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— Years, ——— Months, 8 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Parish alley near Presstman St

Cause of Death, First, (Primary,) mal nutrition

Second, (Immediate,) Inanition

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, W. Balto Cemetery

Date of Burial, Feb 14th 1880

Undertaker, F. A. Kershaw

Place of Business,

James A. Steuart M. D.

Address, Comm of Statistics & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Weinman

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs A Irving

Sex, Male or Female, { cross out the word not required in this line. }

Age, 6 *Years,* — *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Born in Baltimore

Place of Death, { Give street and number } 2 Bryan St

Cause of Death, { First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 15 80

Undertaker, Anthony & Denny

Place of Business, No 268 Lytle

Theodore Ertz M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stewart

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Edenburg Scotland.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number} 104 N. High St.

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Phthisis.

Duration of last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, Feb 15 1880

Edward P. Mowell M. D.
Medical Attendant.

Undertaker, A. Hommisch

Place of Business,

Address, 137 N. Eyaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. And to List of Diseases on Back.

14

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Cannon

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 1½ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 9 N. Parkin St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Spasms

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 15th 1880

Undertaker, I. B. Cook

Place of Business, W Balto St

Thos A Stamm M. D.
Medical Attendant

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by E. Wenman

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 12. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Bothe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Wheel Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 49 Brown St

Cause of Death, {First, (Primary,) Pathemia

Second, (Immediate,).

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, 15th of Feb

Thomas Cook M. D.
Medical Attendant.

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, about 20 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 1 Redmen Court

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, Six Months

All the above Information should be furnished by the Physician.

Place of Burial, Sharpe st cemetary

Date of Burial, February 15 1880

Undertaker, Mister Hurculeus Ross

Place of Business, 95 Conway st

Lubie Hall M. D.
Medical Attendant.
Southern Dispensary

Address, 77 Hill st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 13. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Rembadt

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* 22 *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} E. N. Gay 8th

Cause of Death { First, (Primary,) Chronic. / Second, (Immediate,) Pulmonic Tuberculosis, 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 16th 1880

Undertaker, John N. Weaver & Co.

Place of Business, #22 W. Fayette St. *Address,* 75 E. Baltimore St.

J. H. Hook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb' 13

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edith E. Smith

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 5 *Years,* 11 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 27 N. Calhoun St.

Cause of Death; { First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Feb 15th 1880

Undertaker, Meeth & Shields

Place of Business, 60 N Carrollton ave

T. Mitchell M. D.
Medical Attendant.

Address 67 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Berkley

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 365 East av.

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Feb 15th

Undertaker, H. Foehlich

Place of Business, 216 Eastern Av

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1891 BALTIMORE

Date of Death, Feb. 14th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ward

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 258 Forest St

Cause of Death {First, (Primary,) Spina Bifida

Second, (Immediate,) 6 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb. 15th 1891

Silas N Hunter M. D.
Medical Attendant.

Undertaker, Geo C. Rudasill

Place of Business, 38 Eutaw St *Address,* 36 Gwynn Ave

Forest

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37854

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 15 1880

Date of Death, February 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence V. Fridinger

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 2 Years 7 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 52 Walnut

Cause of Death First, (Primary,) Intermittent Fever

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 15th 1880

Undertaker, John Mercher

Place of Business, 150 Camden

Jno J Blake M. D.
Medical Attendant.

Address, 133 Scott

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sullivan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 7 Bowen St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Heart Disease Mitral Valve

Duration of last Sickness, 10 Years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 16th

Lemuel Leonard M. D.
Medical Attendant.

Undertaker, F. N. Woodall

Place of Business, 131 Hanover St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Drew Leath

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* 2 *Months,* 10 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} W Baltimore Street 144

Cause of Death, First (Primary,) Diphtheritis croup

Second (Immediate,) Extension to the windpipe

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, Feb 16 1880

Undertaker, J D Hughes

Place of Business, 60 E Balto St

Dr F Reinhard M. D.
Medical Attendant.

Address 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 15 1880 BALTIMORE

Date of Death, Feb. 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Webster

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 75 yrs.

Place of Death, {Give street and number} 43 State St

Cause of Death First, (Primary,) Senile paralysis

Second, (Immediate,) Inanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feby 16th 1880

Undertaker, Wm. E. Lynch

Place of Business, 45 Pine Alley

A. B. Morrison M. D.
Medical Attendant.

Address, Balto. Gen. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Grasus

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 12 Johns Al.

Cause of Death First, (Primary,) Inflamed Ears

Second, (Immediate,) Erysipelas

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feby 11th 1880

Undertaker, Wm J Gray

Place of Business, 45 Mulberry Street

R. B. Morrison M. D.
Medical Attendant.

Address, Balto Gen Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Ames

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 5 5 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 2 Adison St

Cause of Death, First, (Primary,) Bronchopneumonia

Second, (Immediate,) Asthma

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Feb 16th 1880 Geo. B. Reynolds M. D.

Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address,* 43 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 14 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James E. Dennis

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 3. *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 71 Pearl St

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 15 1880

Undertaker, C. F. Krauss

Place of Business,

Raymond Leigh M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13. 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } Louisa J. Hond.

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 101 E. Aun St.

Cause of Death { First, (Primary,) Cancer of Womb. Second, (Immediate,) 4 mos

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery.

Date of Burial, February 16th 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

J. H. Hond M. D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Febry 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Rawlins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 14 5 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Several Years

Place of Death, {Give street and number} 119 Chesapeake alley

Cause of Death First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 16 1880

Undertaker, Jarrett & W. Chase

Place of Business, 198 S. Howard St. *Address,*

H. S. Bonifant *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Bell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* 3 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Dressmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hartford County Md

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} Rear 57 S. Dallas str

Cause of Death {First, (Primary.) Phthisis Pneumonalis
Second, (Immediate,) Exhaustion

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, February 15 1880

Undertaker, Samuel N. Chase

Place of Business, 191 E Coward st

L. A. Winternitz M. D.
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Fourteen *Months,* —— *Days.*

Color, Black *Sex,*

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~; {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rho. 15 Perry st.

Duration of Residence in the City of Baltimore, Fourteen months

Place of Death, {Give street and number.} Rho. 5 = Bluiow Ave,

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Prostration

Duration of Last Sickness, Ten weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery F. B. Gardner M. D.

Date of Burial, February 15 1880 Medical Attendant.

Undertaker, Francis McShane

Place of Business, 171 Howard st *Address* 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet French

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 P *Years,* ..... *Months,* ..... *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 56 E. Bethel

Cause of Death { First, (Primary,) Phthisis Pulmonary / Second, (Immediate,) Exhaustion

Duration of last Sickness, Nine (9) Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 13th 80

Undertaker, Samuel W. Edmondson

Place of Business, 198 S. Howard *Address,* 77 E. Brady

G. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1880 Ches. St. + Lizzie

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} — Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* only breathed twice — *Days.*

Color, Mulatto *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 3 Lessier St.

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number.} 3 Lessier St.

Cause of Death, First (Primary,) Premature birth.

Second (Immediate,) Prostration.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loco. Cem. Dr. F. B. Gardner M. D.

Date of Burial, July 16th 1880 Medical Attendant.

Undertaker, Peter Stumm Address 120 W. Greene St.

Place of Business, Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ Feb 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Gardner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 77 Hanover

Cause of Death { First, (Primary,) Apoplexy
, { Second, (Immediate,)

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 16 1880

{ *Undertaker,* James P Byrne
{ *Place of Business,* 166 S Front St

Edw Fitzpatrick M. D.
Medical Attendant.

Address, 157 Wesquich St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry 15th 1880. 1.20 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Liudt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One (1) *Year,* Five (5) *Months,* Two (2) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Rural City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} S E Cor Gay & Orchard Streets

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Marasmus

Duration of last Sickness, Forty (40) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 16 1880

H. Hoen & Co

Undertaker,

Place of Business, [illegible]

J. N. Sloan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas R. Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, About 55 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, Don't Known

Place of Death, {Give street and number} on Barge Kate, foot Charles St

Cause of Death { First, (Primary,) Accident, Sulphuretted Hydrogen Gas
Second, (Immediate,) Drowned in the Night Soil Liquid

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, ~~Mt Olivet Cemetery~~ Mt Olivet Cemetery

Date of Burial, Feb 14/80

Undertaker, C. H. Kember

Place of Business, ~~50 S Caroline St~~ Hanover St *Address,* Hanover & Barre Sts

R. C. Lee M. D.
~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Repel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 35 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 7 n Bethel St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Adynamia During Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Monday Feb 16 - 10 o'clock AM

Undertaker, John Brown

Place of Business, 217 S. Durham St

A L Shentzer M. D.
Medical Attendant.

Address, 11 S Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Higgins

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} St Joseph's Hospital

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 16th 1880

Undertaker, Jos. B Cook

Place of Business No 707 N. Baltimore Street

Oscar J Colery M. D.
Medical Attendant.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jeffers

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About 10 Years

Place of Death, {Give street and number} 59 S. Eutaw St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 17th 1880

Undertaker, Jos. B. Leach

Place of Business, No 707 N. Baltimore street

Dr. R. McKnew M. D.
Medical Attendant.

Address, 52 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1880 at 4 o'clock P. M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harvey Roody

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 27 *Years,* 3 *Months,* 4 *Days.*

Color, White *Sex,* Male

~~Married, Single,~~ ~~Widow or Widower,~~ { Cross out the words not required in this line. } Single

Occupation, In the Navy U. States

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Woodstock Virginia

Duration of Residence in the City of Baltimore, 21 yrs old

Place of Death, { Give street and number. } 92 Ramsey Street Baltimore Md.

Cause of Death, { First (Primary,) Cerebro Spinal Meningitis
Second (Immediate,) }

Duration of Last Sickness, × He arrived home on Monday & died on Saturday

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 16th 1880

Undertaker, Jos. H. Booth

Place of Business, No 707 the Baltimore Street

C. C Richardson M. D.
Medical Attendant.

Address Lombard & Fremont Streets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

× I cannot find out when he ~~died~~ took sick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Hoops

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 38 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laulker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Portsmouth Va.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 194 South Street

Cause of Death { First, (Primary,) Internal Ulceration
Second, (Immediate,) Peritonitis from perforation of intestines

Duration of last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 17th 1880

Undertaker, Denny & Mitchell

Place of Business, 165 S. Broadway

James E. Donnelly *M. D.*
Medical Attendant.

Address, 299 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba[illegible]

Board of Health, City of Baltimor[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Hamilton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Sixty five *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Ship Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 281 S. Bond st.

Cause of Death { First, (Primary,) Paralysis
Second, (Immediate,)

Duration of last Sickness, Eighteen months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetry

Date of Burial, Feb 17 2 P.M.

Undertaker, E Cox

Place of Business, 84 & 86 Bank st

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Especial Attention of Physicians is respectfully invited to the Remarks below, and to Instructions on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 Febr 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Edward Rollins

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 3 Years *Years,* Four *Months,* eight *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, o

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, o

Place of Death, {Give street and number} 166 Columbia Ave

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 3 1/2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Febr. 17. 1880

Undertaker, Philipp F. Dill

Place of Business, 183 Columbia Ave

E. Mayer. M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tom O'Kilpatrick

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 24 4 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 255 N Madison

Cause of Death, First, (Primary,) Cerebritis

Second, (Immediate,) Coma

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feb 16th 1880

Undertaker, Andrews & Hodges

Place of Business, No 46 Druid Hill Ave

Chas A Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar T. Laurence

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N York

Duration of Residence in the City of Baltimore, 14 mos.

Place of Death, {Give street and number} 121 Mulberry St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Pikesville Balto Co

Date of Burial, Feb 17th 1880

Undertaker, Andrews & Hodges

Place of Business, No 416 David Hill Ave

J. Keller M. D.
Medical Attendant.

Address, 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* 4 *Months,* 8 *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial. Feby 17th 1889

Undertaker, Denny and Mitchell

Place of Business, 560 W Fayette St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kelan

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S. A.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 94½ Miles at Balto

Cause of Death, First, (Primary,) Fulness & Exhaustion

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemy

Date of Burial, Feb 16 1880

Undertaker, P. Mullin

Place of Business,

J. Ridgway Andre M. D.
Medical Attendant.

Address, No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L. Morrow

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Two *Years,* Eight *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 114 Lee St.

Cause of Death, {First (Primary,) Tubercular Meningitis / Second (Immediate,) Convulsions

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb 18th 1880

Undertaker, John L Mackie

Place of Business, No 150 Camden

D. Lucy H Barclay M. D.
Medical Attendant.

Address 44 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. A. McCauley Jr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 19 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 19 . 10.

Place of Death, {Give street and number} on the Barge Kate, foot Charles St.

Cause of Death First, (Primary,) Accident Sulphuretted Hydrogen Gas

Second, (Immediate,) Drowned in night Soil Liquid Heart

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 17

Undertaker, Fry & Son

Place of Business, 54 N Broadway

R. C. Lee M. D.
~~Medical Attendant~~ Coroner

Address, Harbour Barge 86

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Johnson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Brick Yard

Birthplace, {State or country. (and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} Res Plum ae on the barge Kate, foot Charles St, accident Due Plumbum Hydrogen Gas

Cause of Death First, (Primary.) —

Second, (Immediate.) Drowned in Night Soil Liquid Heart

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 16

Undertaker, Hercules Ross

Place of Business, 96 Conway St

R C Lee M. D.
~~Medical Attendant~~
Coroner

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georges Michael

Sex, Male or Female, { cross out the word not required in this line. }

Age, 66 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Waldorf Link Bayonne Germanie

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death { First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, 4 hours

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, February 16th 1880

Undertaker, Wendelin Dispel

Place of Business, S. Bond St. 151

Wm. Brooke Boyle M. D.
Medical Attendant.

Address, Nele & Eager Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 15. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kotchmer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md. Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 256 Jeffs. [illegible]

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) & Asphyxia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb. 17th

Undertaker, Wendelin Depot

Place of Business, Mc Bond st. 151

G. G. Luck M. D.
Medical Attendant.

Address; Balt. & Mad. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 14: 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis W. Bennett

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Butcher

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto. County

Duration of Residence in the City of Baltimore, From a Boy, upwards

Place of Death, { Give street and number } No. 30 Mulberry St

Cause of Death, { First, (Primary,) Bright's Disease, Contracted Second, (Immediate,) Kidneys.

Duration of last Sickness, About 5 months - Whole duration several years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy

Date of Burial, Feby 17/80

Wm. Roth Johnston M. D.
Medical Attendant.

Undertaker, Stuart Moore

Place of Business, 35 Park Av *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Vaughn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} No 6 Douglas.

~~*Cause of Death*~~ First, (Primary,) Flooding after Labor. This patient was

Second, (Immediate,) under the care of a midwife. I saw

~~*Duration of last Sickness,*~~ her only a few moments before death.

All the above information should be furnished by the Physician.

Place of Burial St Patrick's Cemetery

Date of Burial, Feb 16th 1880

Edw. F. Michael M. D.
Medical Attendant.

Undertaker, Jas C Byrne

Place of Business, 63 Hanover St *Address,* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37928

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Richardson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 7 *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 140 South Ann St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) ____

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 16th 1880.

Undertaker, J. H. Bosley Jr.

Place of Business, 10 & 12 Hillen

H. F. Hill M. D.
Medical Attendant.

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 15. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David A Jones

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York Pennsylvania

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} No 362 Park ave

Cause of Death First, (Primary,) Tuberculous meningitis & Chr Affection Brain

Second, (Immediate,) Paralysis, General

Duration of last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, Feby 17th 1880

Undertaker, John E Mongh

Place of Business,

W. H. Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 15 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam H. Webster

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 33 Streeter Street between Chew & Barnes

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Atrophy

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub Cem'y

Date of Burial, Feb. 16th 1880

Thos A Ellis M. D.
~~Medical Attendant.~~

Undertaker, P. Mullin

Place of Business, ———

Address, Comm'rs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined E. Wellman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Richard Bokmeyer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 92 Somerset st

Cause of Death { First, (Primary,) Eclampsia
Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Gabriels Cem

Date of Burial, Feb 17, 1880

Undertaker, Henry Flook

Place of Business, 389 Central Av

F A Warner **M. D.**
Medical Attendant.

Address, 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Freiburg

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 8 *Years,* 3 — 8 *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 492 E. Monument

Cause of Death {First, (Primary,) Diptheria

{Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balle Cemetery

Date of Burial, Feb 17 1880

Undertaker, C. Eckhardt

Place of Business, Canton Av *Address,* 73 E. Pratt St

G. L. Kinnamon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Seiler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 Mos *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 224 Alice Anna St.

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,)

Duration of last Sickness, 6hrs

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem

Date of Burial, Feby 17th 80

Undertaker, Wm Frazier

Place of Business, 220 Eastern Ave

K. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37934

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Stone

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 113 Cannon St.

Cause of Death, First, (Primary,) Cadet Disease.

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens P.E. Ch

Date of Burial, Tues. 17th '80

Undertaker, Mr. Frazee

Place of Business, 250 Canton Ave

Signature, E. Jones Williams M. D.
Medical Attendant.

Address, 17 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16/80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Gaulet Hyde

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, 9 *Years,* 7 *Months,* — *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Uperstan

Place of Death, {Give street and number.} 393 Druid Hill Ave.

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) Closure of Larynx

Duration of Last Sickness, about 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 18th Feb. 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

H. K. Fetterolf M.D.

Medical Attendant.

Address, 205 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob T Harlmon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 4 *Months,* 26 *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Merchant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} 210 St Pauls St.

Cause of Death, First (Primary,) Typho-Malarial Fever

Second (Immediate,) Asthenia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 18th Feb. 1880

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light St.

Hart Hall, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie J. England

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 10 *Years,* 7 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 520 Aisquith st

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Acute Nephritis with General Dropsy

Duration of last Sickness, 6 weeks has Scarlet Fever, which lasts about 3 weeks 1 year treated by the family - Kidney affection first 6 days before death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 19th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Chas. B. Billingslea M. D.
Medical Attendant.

Address, Harford Ave & Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gracie B. Herbert

Sex, ~~Male~~ *or Female,* { cross out the word not required in this line. }

Age, Two *Years,* *Months,* Twenty three *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md—

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No. 231 Barre St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Diphtheria

Duration of last Sickness, Three and a half weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, February 17th

J. Tyler Smith M. D.
Medical Attendant.

Undertaker, Wm. J. Fickeisen

Place of Business, 65 S. Eutaw St *Address,* No. 231 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

Date of Death, July 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Coulson Bradford

Sex, Male or Female, {cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 299 Druid Hill Ave

Cause of Death First, (Primary,) Hooping Cough

Second, (Immediate,) Pleuro Pneumonia & Diarrhea

Duration of last Sickness, 10 days Pleuro Pneumonia

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, Feb 18th 1880

Undertaker, Andrews & Hodges

Place of Business, 4 & 6 Druid Hill Ave

C Winslow M. D.
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Harris

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — 2 *Months,* 28 *Days.*

Color, Black *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, — Life —

Place of Death, {Give street and number.} 199 Hanover Lane

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Leonard Cemetery

Date of Burial, Feb 17 1880

Undertaker, William N Dorsey

Place of Business, No 62 East Street

E B Britton M. D.
Medical Attendant.

Address 25 N. Green St.
(Dispensary)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Clark

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 31 hours *~~Days.~~*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 203 Wash

Cause of Death, {First, (Primary,) Inanition

{Second, (Immediate,) Premature birth

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Feb 17th 1880 Theron Cottle M. D.

Medical Attendant.

Undertaker, C. F. Krause

Place of Business, Hanover St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Rules as below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

Date of Death, Feb. 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmena C. Kuhn

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, one *Years,* ~~Two~~ *Months,* *Days.* 19

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City Md

Duration of Residence in the City of Baltimore, All of Life

Place of Death, {Give street and number} 376 Lemmon Ave.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of last Sickness, 17 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 19th 1880

Undertaker, D Stumm

Place of Business, Medberry's *Address,* 431 Lemmon ave

G. W. Schmidt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3 7943

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincents

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) ____

Duration of last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 18. 1880

Marburg Brown M. D.
Medical Attendant.

Undertaker, Jos Brannifan

Place of Business, 58 Division St.

Address, 66 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37944

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb'y 17. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kane

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Norfolk Virginia

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Tuberculous Meningitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 18. 1880

Undertaker, Jos Bramiford

Place of Business, 156 Division St.

Marburg Brown M. D.
Medical Attendant.

Address, 58 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 16. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Smaling

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 0 *Years,* 0 *Months,* 13 *Days.*

Color, whl

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 197 Cathedral st

Cause of Death { First, (Primary,) Bronchitis
Second, (Immediate,)

Duration of last Sickness, ~~48~~ days eight days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Feb 16th 1880

Undertaker, Chas T Scriven

Place of Business, 170 E Eutaw st

G Lane Tanneyhill M. D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

Date of Death, February 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard L Berney.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 3 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} Nr 42 S. Gay St.

Cause of Death, First (Primary,)

Second (Immediate,) Weak Nervous System

Duration of Last Sickness, 2 1/2 Hours

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Cem'y Penbroke Jn. Woods M. D.

Date of Burial, Feby 19 1880 Medical Attendant.

Undertaker, Thos. O. Hughes *Address* N 208 W Lombard St.

Place of Business, 111 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

Date of Death, Feb 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Leighmon

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md Belevue d

Duration of Residence in the City of Baltimore, Life Belevue d

Place of Death, {Give street and number} 79

Cause of Death {First, (Primary,) Trismus Tasculum

Second, (Immediate,) 4 day

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Harrett Cemetery

Date of Burial, Feby 17 1880

Undertaker, S W Chase

Place of Business, No 198 Howard St

Geo H Bouse M. D.
Medical Attendant.

Address, 114 Hanover St Bln

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37948

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hill of Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 22 Leadenhall St

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial. Laurel Cemetery

Date of Burial. Feby 17 1880

Undertaker, G. W. Chase

Place of Business, 198 Howard St

H. S. Boozo M. D.
Medical Attendant.

Address, 206 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 16 1880 BALTIMORE

Date of Death, Feb 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Clarke

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 8 Jr Brewers alley

Cause of Death, First, (Primary,) Acute Meningitis

Second, (Immediate,) Atrophy

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shotts St Cem

Date of Burial, Feb 17 1880

James H Clinch M. D.
~~Medical Attendant.~~

Undertaker, W.M Duncan

Place of Business, East St

Address, Comm of Health & Regular

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wenman

No. 37950

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Turner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} № 5 China st.

Cause of Death, First, (Primary,) Bronchitis Croup

Second, (Immediate,) —

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 18

Undertaker, Hercules Ross

Place of Business, 15 Conway St

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 66 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number} No 75 Hanford Ave

Cause of Death {First, (Primary,) Chronic Bronchitis with Gastric Obstruction

Second, (Immediate,) Exhaustion.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 18 1880

Undertaker, Jas P Byrne

Place of Business, 63 Fairmt *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrose Augustine Ryan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, Years, 10 Months, 5 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 20 Holliday St.

Cause of Death, {First (Primary,) Marasmus} {Second (Immediate,) Inanition.}

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, Feb 19th

Undertaker, Jas Byrne

Place of Business, 463 N Front

Elbridge Wiley M. D.
Medical Attendant.

Address 51 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3 7953

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1880

CERTIFICATE OF DEATH.

Date of Death, Feb 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. J. Welsh

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Unmarried

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Phthisis & Pulmonalis.

Second, (Immediate,) Asthenia

Duration of last Sickness, 12 mos.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 18 1880

David Hunt M. D.
Medical Attendant.

Undertaker, Pat Mullins

Place of Business, ———

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reed

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 58 *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co. Maryland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} 558 S. Appleton Street

Cause of Death, First, (Primary,) Brights Disease of Kidneys

Second, (Immediate,) Brights Disease of Kidneys

Duration of last Sickness, Three (3) Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Feb. 19th 1880. D. J. Reinhart M. D.

Medical Attendant.

Undertaker, J. B. Brooks

Place of Business, 719 W. Balto St. *Address,* 1662 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. A 37955

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edw Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 23 Concert alley

Cause of Death, First, (Primary,) Accidental death.

Second, (Immediate,) Suffocation by smoke

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 19th 1880.

Undertaker, J H Cook

Place of Business, 707 West Balto street

Cook Ogle Comm M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ....

Sex, Male or Female, { cross out the word not required in this line. } ....

Age, ... *Years,* .... *Months,* .... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } ....

Cause of Death, { First, (Primary,) .... Second, (Immediate,) ....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Feb. 19 '90

Undertaker, M. Funke

Place of Business, No 33 Bank *Address,* ....

.... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37957

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Green

Sex, Male or Female, {cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* 16 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 50 Bruce St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cemetery

Date of Burial, Feb 18th 1880

Undertaker, Wm H Dwyer

Place of Business, No 62 East St

John Sellers M. D.
Medical Attendant.

Address, 1578 Gaylord

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1 3 7 9 5 8

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lewis

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Ten *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 46 Parrish alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Infantile entkenm

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St Mark's Cemetery

Date of Burial, Feby 17 1880

Geo C Cyle Corn'r M. D.
Medical Attendant.

Undertaker, S W Chase

Place of Business, No 198 Howard St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B Caughey

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 23 Linden Avenue

Cause of Death First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Pulmonary Congestion

Duration of last Sickness, About two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 18th Feb 1880

Undertaker, H. W. Jenkins & Son

Place of Business, # 16 Light St.

Chas O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 17 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Reb. Tucker Rebecca Tucker

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. } F

Age, 72 *Years,* 1 *Months,* 15 *Days.*

Color, W *Sex,* F

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dentn, Md.

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and number. } 42 Gilpin St

Cause of Death, { First (Primary,) Apoplexy — had two previous attacks

{ Second (Immediate,) 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 19th 1880

Undertaker, Thos S. Hughes

Place of Business, 60 E Balto.

Richard McSherry M. D.
Medical Attendant.

Address 189 W Monroe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3[illegible]61

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th Feb. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Sinclair

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, Seven hours ~~Years,~~ ..... ~~Months,~~ ..... ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City of Balt.o Md.

Duration of Residence in the City of Baltimore, Seven hours

Place of Death, {Give street and number} 172 Linden Avenue

Cause of Death {First, (Primary,) Premature birth - Umbilical Cord Compressing neck - By Physician Second, (Immediate,) Pressure at shoulder of birth -

Duration of last Sickness, Result of above Seven hours -

All the above information should be furnished by the Physician.

Place of Burial, Near Alexandria Va.

Date of Burial, 18th Feb. 1880

G. B. Sinclair M. D.
Medical Attendant.

Undertaker, C. T. Lerman

Place of Business, 271 N. Eutaw St. Balt.o Md.

Address, 258 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1674 Fremont

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam'l H. Smith

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* ..... *Days.*

Color, White

~~*Married,~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 272 N Calhoun St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) .....

Duration of Last Sickness, Three days. Not dying when visited by Physician

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, Feb 19 1880

Undertaker, Meeth & Shields

Place of Business, 60 N Carroll Ave

H M Wilson M. D.
Medical Attendant.

Address 757 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 18 1880 BALTIMORE MD

Date of Death, February 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Reeling

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 19 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Dressmaking

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 94 Stiles St

Cause of Death {First, (Primary,) Consumption of Bowels

Second, (Immediate,) 6 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Feb 18 80

Undertaker, Wendelin Diffel

Place of Business, 1 Bond st 151

J. Ridgway Abbe M. D.
Medical Attendant.

Address, 121 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr, 18th, 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Nussein

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 58 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, nine years

Place of Death, {Give street and number} 87 N. Washington st.

Cause of Death { First, (Primary,) Typhoid fever
Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Ls

Date of Burial, Febrary 19

Undertaker, Wenkelin Dippel

Place of Business, Bond & 154

P. G. Daus M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17th February

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P. Josephine Kelly

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt'r

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 76 E. Exeter St.

Cause of Death First, (Primary,)

Second, (Immediate,) Cancer of the Breast.

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Feb 19th 1880

J. D. Gross. M. D.
Medical Attendant.

Undertaker, James D. Byrne

Place of Business, No 63 Fin Front St *Address,* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Butler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 15th

David Scott *M. D.*
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3796

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie May Fowler

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her entire life

Place of Death, {Give street and number} Lexington & Appleton Sts- Balto

Cause of Death { First, (Primary,) Acute meningitis
Second, (Immediate,) do

Duration of last Sickness, about two days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 19th 1880

Undertaker, John E Hough

Place of Business, 319 Penna Ave *Address,* 64 N Paca St

H Hammond *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb - 17 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Schaal

Sex, Male or Female, {cross out the word not required in this line.} M

Age, — *Years,* — 5 — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 5

Place of Death, {Give street and number} 290 Lexington St

Cause of Death First, (Primary,) —

Second, (Immediate,) Hydrocephalus

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetery

Date of Burial, Feb 18th 1880

Undertaker, Jas A. Cook

Place of Business, 1117 N Baltimore street

W. A. B. Sellman M. D.
Medical Attendant.

Address, 2492 Aisquith Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1980 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Jas Jackson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 32 *Years,* 1 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Car Conductor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 17 Warren av

Cause of Death First, (Primary,) Killed by being run over by a

Second, (Immediate,) car of B. C. & P. R. W. Co on Light St,

Duration of last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Feb. 19 — 80

Undertaker, N. W. Jenkins & Son

Place of Business, 16 Light St,

R. C. Lee M. D.
~~Medical Attendant.~~
Coroner S. D.

Address Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1880 12 M

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Carroll Smith

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 66 *Years,* *Months,* 4 5 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Supt Bay Line Steamers

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Richmond Va

Duration of Residence in the City of Baltimore, ~~Life~~ 14 years.

Place of Death, { Give street and number. } 400 East Pratt St

Cause of Death, First (Primary,) Softening of Brain

Second (Immediate,) Hemiplegia

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va.

Date of Burial, Feb 20 1880

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St.

Robt Amelia M. D.
Medical Attendant.

Address 89 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Dickel

~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 60 *Years,* 0 *Months,* 0 *Days*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 29 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 294 S. Charles

Cause of Death, {First (Primary,) Ascites. Flowing Disease of Liver

Second (Immediate,) Albumia.

Duration of Last Sickness, 2 month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Febry 21 [illegible]

{*Undertaker,* Henry Briele

Place of Business, Hamilton St 81

Theodore Bettmann M.D.
Medical Attendant.

Address, 137 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Wingate

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 64 *Years,* 8 *Months,* 12 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland 43 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 166 Dodway st

Cause of Death {First, (Primary,) Hemorrhagic Apoplexy

{Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 19th 1880

O. L. Buddenbohm M. D.
Medical Attendant.

Undertaker, B. Haile

Place of Business, Light St

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Lang

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* Fifteen *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 33 Hanover St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Congestion of the brain

Duration of last Sickness, About Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery.

Date of Burial, 19th of Feb.

Moulton & Taylor M. D.
Medical Attendant.

Undertaker, Fred Gaede

Place of Business, 94 & Caroline St. *Address,* Fountain & McElderry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37974

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th February 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Vincent Numan.

Sex, Male or Female, {cross out the word not required in this line.}

Age, Two (2) *Years,* Seven (7) *Months,* *Days.*

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 5-4 Mc Macken St. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 5-4 Mc Macken Street. Baltimore

Cause of Death, First, (Primary,) Scarlet fever.

Second, (Immediate,) Anginose from Ulceration of Tonsils.

Duration of last Sickness, Nine Days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Feb 19th 1880

W C van Bibber M. D.
Medical Attendant.

Undertaker, Chas S Scrivener.

Place of Business, 20 & Eastward

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Brig- Dougherty

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 70 *Years,* ~ *Months,* ~ *Days.*

Color, — M —

Sex,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland — 7 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 130 Druid Hill ave

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,) Broncho-Pneumonia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 20th 1880

Undertaker, Chas T Scriven

Place of Business, 221 N Eutaw St

William Lee M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 37976

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Ford

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 1 week *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 11 Causeway ave

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Thrush

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 19th 1880

G. Taylor M. D.
Medical Attendant.

Undertaker, Stewart & Mower

Place of Business, ____ *Address,* 210 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...the Physician below. Refer to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Precilla Jones

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty-six *Years,* — *Months,* — *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 74 Orchard St.

Duration of Residence in the City of Baltimore, Twenty-six Years

Place of Death, {Give street and number.} No. 16 Sarah ann St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Debility-

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Feb 20th

F. B. Gardner M. D.
Medical Attendant.

Undertaker, Wm H. Bishop

Place of Business, 94 Druid Hill ave

Address 120 W. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rose Jackson

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } +

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Cor Hillen & Exeter Sts

Cause of Death, { First (Primary,) Scarlet Fever / Second (Immediate,) }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cemetery

Date of Burial, Feb 19 1880

J. T. Wilson M. D.
Medical Attendant.

{ *Undertaker,* James P Byrne / *Place of Business,* No 63 N Front St } *Address* No 11 Courtland St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 37979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ross

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~ *Years,* 3 *Months,* 3 *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 40 Johnson alley

Cause of Death { First, (Primary,) Pleural Pneumonia
, Second, (Immediate,) Asphyxia, Exhaustion

Duration of last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb. 20/80

Undertaker, John Ogdon

Place of Business, Park St

R. H. Mifflin *M. D.*
Medical Attendant.

Address, 64 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37980

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Edwards

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~~ *Years,* 7 *Months,* ~~~ *Days.*

Color, ~~White Colored~~

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Kent Co Md

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number } 63 Watson St

Cause of Death, { First, (Primary,) ... Second, (Immediate,) Convulsions

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feb. 19th 1880

Undertaker, A Wayman

Place of Business, Saratoga St

J Thomas Kelly M. D.

~~Medical Attendant~~

Address, Commissioners of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 31981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown, found Feb'y 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, if Colored 35 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Unknown

Occupation, Believed to be Sailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number } found in Williams Cove

Cause of Death { First, (Primary,) Believed to have been Second, (Immediate,) Drowned

Duration of last Sickness, Unknown

All the above Information should be furnished by the Physician.

Place of Burial, W'n Pub. Cemetery

Date of Burial, Feb 18/80

Undertaker, Fred A. Kershner

Place of Business, 53 S. Carroll the Ave; *Address,* Hanover & Barre sts

R. C. Lee M. D.
Medical Examiner
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37982

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosine Fredericka Kurtz

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 65 *Years,* 5 *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Würtemberg (Germany)

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number} 251 W. Baltimore

Cause of Death, First, (Primary.) chronic rheumatism

Second, (Immediate.) paralysis

Duration of last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 20th.

H. Stokes M. D.
Medical Attendant.

Undertaker, F. N. Frall

Place of Business, #131 Hanover St. *Address,* 95 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur E. Higgins

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 422 E. Fayette St.

Cause of Death {First, (Primary,) Scarlatina (Maligna)
Second, (Immediate,) Coma

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Ebenezer Child Road

Date of Burial, February 20th 1880. Glenville, Lee M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* Balt. & Wat. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...cian who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...y-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ...he same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ... cause and date of death, except in cases of births and deaths of illegitimate children.

...RINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Loew

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 31 *Years,* 6 *Months,* 7 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and number. } 742 W Baltimore

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Greenhill

Date of Burial, Feb. 19th 1880

J. G. Wombth M. D.
Medical Attendant.

Undertaker, Adam Heidemeyer

Place of Business, 578 W. Baltimore St.

Address 202 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 37985

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 19 1880 BALTIMORE

Date of Death, Feb 18 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Deraga

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } Married

Occupation, House wife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Boston Mass

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give street and number } 61 Pennsylvania Ave

Cause of Death, First, (Primary,) Catarrhal Phthisis

Second, (Immediate,) Pneumonia

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, February 19

Wm H Thomas M. D.
Medical Attendant.

Undertaker, Mitchell Dixon

Place of Business, Bond & Gay *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, — Feby 19th 1880 —

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George May Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 8 *Months,* ..... *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 147 St. Paul St.

Cause of Death, {First (Primary,)} Focal abscess of capsule Col. {Second (Immediate,)} ~~Marasmus~~ Marasmus & Focal Abscess of Capsule

Duration of Last Sickness, Nine months Septicaemia

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Riggin Buckler M. D.

Date of Burial, Feby. 21st 1880 Medical Attendant.

Undertaker, R. Renwick & Sons

Place of Business, 92 N. Howard St Address 135 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...spondents is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank L. George

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Tinner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } No 42 E. Biddle St.

Cause of Death, First (Primary,) Bright's disease of kidneys

Second (Immediate,) " "

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery A. G. Watson M. D.
Medical Attendant.

Date of Burial, Feb. 20th 1880

Undertaker, Wm. H. Hickman *Address* 457 N. Central Ave.

Place of Business, 234 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett A. Chamberlain

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 5 *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Kent County Maryland

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, {Give street and number.} 21 Courtland St

Cause of Death, First (Primary,) .....
Second (Immediate,) Consumption

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Cheltenham

Date of Burial, Feby 21 1880

Undertaker, Thos L Murphy

Place of Business, 614 E Balto

J. Clark Sloan M. D.
Medical Attendant.

Address 54 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 37989

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Plunkett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and number} 3 Hosier alley

Cause of Death, First, (Primary,) Always Hypertrophy of the liver with heart trouble

Second, (Immediate,)

Duration of last Sickness, Always.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 21st 1880

Edward R McDevitt M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 5 S Eutaw St *Address,* 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over

No. 37990

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALL OF RECORDS FEB 20 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Leonard

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 6 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nurse & Child Hospital

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 20

C. F. I. Bruan M. D.
Medical Attendant.

Undertaker, C. T. Blizzard

Place of Business, 197 Pac

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Kephart Mayers

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Female

Age, — *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Scott. Corner of Stockholm

Cause of Death {First, (Primary,) Pneumonia / Second, (Immediate,) 10 days

Duration of last Sickness, V

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 22nd 1880

Undertaker, Wm Schroeder

Place of Business, 2 Eutaw Ca.

Dr. R. Baddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Severe

Sex, Male or Female, {cross out the word not required in this line.}

Age, Five *Years,* 5 *Months,* 15 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 637 N Gay st

Cause of Death {First, (Primary,) Scarlet fever

Second, (Immediate,) 10 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, Feb 21 to 1880

Undertaker, Wm H Buckman

Place of Business, Nc 2341 Gay st

S. F. Coyner *M. D.*
Medical Attendant.

Address, 134 W. Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Tracy

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 145 Montgomery St

Cause of Death, First, (Primary.)

Second, (Immediate,) Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Feb 20th 1880

Thos Lee M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Ostendirpe

Sex, Male or Female, {cross out the word not required in this line.}

Age, 22 *Years,* 3 *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 34 s Register ste

Cause of Death {First, (Primary,) Consumption / Second, (Immediate,)

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cimtery

Date of Burial, February 21st 1880

John I Litzer M. D.
Medical Attendant.

Undertaker, H C Mc Gibmyer

Place of Business, 341 Canton Av. *Address,* 160 Saratoga ste

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R Buckhannan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Life *Years,* 4 Mnths *Months,* 1 day *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} No 10 E. Monument St

Cause of Death First, (Primary.) ~~Cancer~~

Second, (Immediate,) Chronic Croup

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Feb 21, 1880

Undertaker, Henry Heath

Place of Business, 309 Eastern Ave

A. P. Gaw M. D.
Medical Attendant.

Address, 133 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Culman.

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number} 344 E. Baltimore St.

Cause of Death First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Feb 21st 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

J. W. Houck M. D.
Medical Attendant.

Address, 7 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37997

he Special Attention of Physician[illegible]ferred to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled ut*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Akehurst

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 236 William St.

Cause of Death { First, (Primary.) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 4 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 23

Undertaker, J B Cook

Place of Business, 707 W Pratt

R. J. H. Tall M. D.
Medical Attendant.

Address, 15 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 37998

The Special Attention of Physician[illegible] Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Ivy Robinson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, (1) one *Years,* Six (6) *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 7 S. Duncan St.

Cause of Death First, (Primary,) Meningitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem'y

Date of Burial, Feb 21 1880

Undertaker, John W. Locke

Place of Business, Wolf St

G. L. Luckie M. D.
Medical Attendant.

Address, 7 S Duncan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

No. 37999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 37999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Rudd,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 29 E. Mad. St.

Cause of Death { First, (Primary,) Spasms Convulsions
Second, (Immediate,) Exhaustion

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 21 1880

Undertaker, John Henrig

Place of Business, Orleans St

G. Glandden Lusk M. D.
Medical Attendant.

Address, Balt & Mad. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of [illegible] births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

No. 38000

The Special Attention ... Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 20
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen O'Brien

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 2 Lemmon St

Cause of Death { First, (Primary,) Paralysis - Hereditary
Second, (Immediate,) Apoplexy

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 20th 1880

Undertaker, Jos B Cook

Place of Business, North Baltimore Streets

J. E. Atkinson M. D.
Medical Attendant.

Address, 223 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be a[redacted] and condition (whether married or single) of the person deceased, and the cause and date [redacted]s and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STAT[redacted]

[OVER.]

No. 38001

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Meese

Sex, Male or ~~Female~~ {Cross out the words not required in this line.}

Age, 4 *Years,* 6 *Months,* 17 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 103 Conway St

Cause of Death, First (Primary,) Coxalgia, Tuberculosis,

Second (Immediate,) ination

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 22

Undertaker, Ernst Sellman

Place of Business, 6 Little Paca St

Wilmer M.D.
Medical Attendant.

Address. 137 Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Veale

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 17 *Years,* 11 *Months,* 28 *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md. U.S.A.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 36 Thames St. between Eutaw & Paca Sts.

Cause of Death { First, (Primary,) Pneumonia

Second, (Immediate,) Pneumonia

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Feby. 20th, 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

..... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38003 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A Davis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 25 *Years,* 2 *Months,* 3 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 114 Hanbert St & Point

Cause of Death {First, (Primary,) Typhoid Fever. Second, (Immediate,) Congestion Brain

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feby. 22d 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

E H Janney MD M. D.
Medical Attendant.

Address, Boston & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

20/

Board of Health, City of Baltimore.

Permit No. 38004 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1880 BALTIMORE

Date of Death, Feb 19. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Simms

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 98 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} West River, Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 10 Oxford St

Cause of Death, {First (Primary,) Old age / Second (Immediate,) Indefinite}

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 21. 1880

Undertaker, John C. Jordan

Place of Business, No 63 Park Ave

J. E. Atkinson *M. D.*
Medical Attendant.

Address 223 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sapphronia Anna Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, *Months,* 2 *Days.*

Color, ~~White~~ Col *Sex,*

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} 107 Conway St

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) Acute disease

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Shup St Cemetery

Date of Burial, Feb 22 1880

Undertaker, John C. Jenkins

Place of Business, N 63 Park

Wm B Currie M. D.

Homeopathic Hospital Medical Attendant

Address 25 N Gilmor St

81 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 38006

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 19. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Rose Maxwell

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 445 Hamburg St

Cause of Death, First, (Primary,) Puerperal Fever

Second, (Immediate,)

Duration of last Sickness, One week

*All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 21 1880

Undertaker, Mathew Cadogan

Place of Business, 227 Mulberry St

James E Bosley M. D.
Medical Attendant.

Address, 34 Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38007

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1880 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Turner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Island Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} Chas & Mear Lee St

Cause of Death First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 22

Undertaker, Hercules Ross

Place of Business, 25 Conway St *Address,* 161 Lee St

L. J. Beel *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38004

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38008

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT REC'D FEB 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Virginia Brown

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ... *Years,* Life *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, { Give street and number } 9 Chew st

Cause of Death { First, (Primary,) ..... Second, (Immediate,) } Pneumonia

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb 21st 1880

Undertaker, Wm H. Hickman

Place of Business, 234 N Gay st

A. P. Gaut M. D.
Medical Attendant.

Address, 133 N. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38009

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie D Eberle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Four *Years,* Seven *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} 153 Chestnut st.

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, 23rd N Gayst

Undertaker, Feb 21th 1880

Place of Business, Wm Hickman *Address,* 153 N Exeter

A. P. P. Yeates *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

C. PELANY & CO. CITY PRINTERS AND STATIONERS.

No. 38010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotta P. Doyle

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 47 *Years,* 7 *Months,* 2 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carlisle Penn.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 269 N Gay St

Cause of Death {First, (Primary,) Angina Pectoris

Second, (Immediate,) Two Hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Feb 21st 1880

Undertaker, Wm H Hickman

Place of Business, 234 N Gay St

S. T. Coyne, *M. D.*
Medical Attendant.

Address, 134 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38011

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Reiter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 72 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Randallstown Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 19 S. Eutaw st.

Cause of Death, First, (Primary,) Apoplexia cerebri

Second, (Immediate,) Rheumatism duration ? the year

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 22 80

Undertaker, Fry & Zio

Place of Business, 534 Broadway

F. Hatfield M. D.
Medical Attendant.

Address, 248 Fulton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38012

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1880 BALTIMORE

Date of Death, Feb 20th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jah Earl

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Ex Governor Nev

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, Since the war

Place of Death, { Give street and number } 49 St Paul St

Cause of Death { First, (Primary,) Apoplexy & Uraemia
Second, (Immediate,) Secretion from Kidneys

Duration of last Sickness, Paralysis from Kidneys

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Yard

Date of Burial, Feby 21st 1880

Undertaker, Denny & Mitchell

Place of Business, 550 N Eutaw St

M. D.
Medical Attendant.

Address, 60 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38013

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1880 BALTIMORE

Date of Death, July 19

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna E Brennan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Charlestown W. Va

Duration of Residence in the City of Baltimore, about 16 years

Place of Death, {Give street and number} 204 S Charles St Rear

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate.)

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, July 22 80

Undertaker, Wm Shaffer

Place of Business, Fiscus & Cameron

R K Kuser *M. D.*
Medical Attendant.

Address, 524 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. {OVER}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38014.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB. 21 1880 BALTIMORE

Date of Death. 20th Feb. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Roth

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 34 *Years,* ____ *Months,* ____ *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Engineer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 61 Shertock.

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, 22 Feb 1880

Undertaker, Geo. Norman

Place of Business, 611 Eden

O Wattmer M. D.
Medical Attendant.

Address. 97 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB. 21 1880 BALTIMORE

Date of Death, Feb 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie M. Carroll

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~———~~ *Years,* ~~———~~ *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 496 Lexington St

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 21 1880

Thomas A Stanton M. D.

(Medical Attendant.)

Undertaker, I. B. Cook

Place of Business, W. Balt St *Address,* Comm of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

No. 38016

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 20, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm P. Colburn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wyconico Co, Md.

Duration of Residence in the City of Baltimore, 13 months.

Place of Death, {Give street and number} 102 S. Chester

Cause of Death First, (Primary,) Gastric Catarrh.

Second, (Immediate,) Marasmus

Duration of last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Feby. 21, 1880

Aug. F. Ens M. D.
Medical Attendant.

Undertaker, M. A. Daiza

Place of Business, 74 S. Broadway *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1880 BALTIMORE

Date of Death, February 20th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Tilghman

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co.

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, { Give street and number. } No. 6 Little Pine St.

Cause of Death, First (Primary,) Chronic effusion in right thorax! ex not post

Second (Immediate,)

Duration of Last Sickness, I do not know

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby. 21 1880

Undertaker, W. Sisco

Place of Business, Pennsylvania Ave.

D. A. Chase M. D.
Medical Attendant.

Address 141 Lanvale St.

(over)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 38018

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB. 21 1880 BALTIMORE

Date of Death, 21th February 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Hainbuch.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number} Alice Ann Street 151.

Cause of Death, First, (Primary,) Tuberculosis Pulmonare

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem

Date of Burial, Feb. 23 1880

William Heuel M. D.
Medical Attendant.

Undertaker, Mc Grann

Place of Business, 230 Eastern Ave

Address, S. Wolfe & 11th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2901

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella L Reynolds

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* Seven *Months,* *Days.*

Color, African

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 2265 McDonah Street

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Patterson Park Avenue and Lombard

Cause of Death First, (Primary,) Congestion of the Lungs

Second, (Immediate,) Could not be learned as Child was not attended the Day

Duration of last Sickness, about a Week

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb 20. 1880

Undertaker, Charles A White

Place of Business, 35 Granby St

Attended

169 Bank St

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 70

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr 21 / 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Stadtler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} N. E. Cor Dallas & Bank Sts.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 23-1880

Undertaker, J. C. Froehlich

Place of Business, 246 Eastern Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38021

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB. 21 1890 HEALTH DEPARTMENT BALTIMORE

Date of Death, Feby 20 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brenner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* 5 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 154 S. Chapel

Cause of Death { First, (Primary,) Bronchitis — Pleurisy of the Forearm
, { Second, (Immediate,)

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Ceme

Date of Burial, Feb 21

{ *Undertaker,* Wm Lauter
{ *Place of Business,* 253 Lauter

L. Sullivan M. D.
Medical Attendant.

Address, 9 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The SPE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Levi Lehman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Magistrate Baltimore County

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 1195 West Hayelle St

Cause of Death, First (Primary,) Genl Breaking down from Age

Second (immediate,) Debility

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 23rd

Undertaker, J. B Cook

Place of Business, No 707 W. Balto St

Henry A Mudge M. D.
Medical Attendant.

Address No 14 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 38023

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Ridgaway

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* ____ *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 58 Payson st

Cause of Death, First, (Primary.) Marasmus I think, The child was dying when I saw it

Second, (Immediate.) I saw it

Duration of last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 22 1880

Undertaker, John Meacher

Place of Business, No 150 Camden

James Boorley M. D.
Medical Attendant.

Address, 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Cassidy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2. *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co Md.

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number} No 4 Addison St

Cause of Death { First, (Primary,) Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Feb 22 1880

Wm Whitridge M. D.
Medical Attendant.

Undertaker, H C Wiedefeld

Place of Business, 90 Gilmore Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Card.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 19th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M Sullivan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number} No 528 N Gay St.

Cause of Death {First, (Primary,)} Phthisis

{Second, (Immediate,)}

Duration of last Sickness, Seven Years

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 22nd 1880

Undertaker, James D Byrne

Place of Business, No 63 N Front St *Address,*

Wm Whitridge *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Speer [illegible] Physicians are respectfully invited to the Returns Below. [illegible] List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 38026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th February 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Ward

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 26 Fort Ave,

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial Holy Cross Cemetery

Date of Burial Feb 22nd 1880

Undertaker, James D Byrne

Place of Business, No 69 N Front St

H. W. Webster M. D.
Medical Attendant.

Address, 69 Byrne

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [illegible]ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible]nish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-[illegible]g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible] deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible], J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 38027

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 21 1880 BALTIMORE

Date of Death, Feby 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. G. Diffenderffer

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.} Female

Age, 24 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 168 N. Calhoun St

Cause of Death { First, (Primary,) ... Second, (Immediate,) Malignant Pustule

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feby 22nd

Undertaker, Stewart & Moreu

Place of Business, 35 Park Av

Thos Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. Rasin

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* 15 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Formerly a merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent County Maryland

Duration of Residence in the City of Baltimore, & Nearly fifty years

Place of Death, {Give street and number} Mansion House, Cor St Paul & Fayette Sts.

Cause of Death { First, (Primary,) Carbuncle- stricture- atheroma, etc. etc
Second, (Immediate,) Angina Pectoris,

Duration of last Sickness, About 9 ~~days~~ hours,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 23rd 1880

John Morris *M. D.*
Medical Attendant.

Undertaker, John S. Weaver & Co

Place of Business, #22 W Fayette St *Address,* No 5 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 38029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanor Gourchee

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Years, Five Months, twelve Days.

Color, White

~~Married~~, *Single,* *Widow or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} 84 N Carey St

Cause of Death, First (Primary,) Heart known, probably internal hemorrhage

Second (Immediate,) She died before saw her

Duration of Last Sickness, Four hours & Twenty minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Feby 21/80

Undertaker, Stuart Mercer

Place of Business, 30 Fayette

Elias C Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 38030

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Gray

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Rockbridge Co. Va

Duration of Residence in the City of Baltimore, 1 Yr

Place of Death, {Give street and number} 13 Little Pacca St

Cause of Death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, February 22nd 1890

Thomas R Robbins M. D.
Medical Attendant.

Undertaker, Wm H Bishop Jr

Place of Business, 97 Druid Hill Ave *Address,* 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 50

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Cooper

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 1 *Months,* 20. *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Solomon's Island, Chesapeake Bay

Duration of Residence in the City of Baltimore, About three years

Place of Death, {Give street and number} 33. South Durham St.

Cause of Death, First, (Primary.) Meningeal Apoplexy.

Second, (Immediate.) Paralysis.

Duration of last Sickness, Eighteen days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 22nd 1880 A. V Goswiler M. D.

Medical Attendant.

Undertaker, Wm N. Dunsey

Place of Business, No 62 East st *Address,* 257 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Burns Gordon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty-nine *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Haven, Connecticut

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 192 N. Calvert St. (Corn. Monument)

Cause of Death, First (Primary,) Bilateral Abdominal, Urethro-Rectal, & Perineal Fistulas and Consumption

Second (Immediate,) Flame connective and supposed internal Abdominal and Hemorrhage

Duration of Last Sickness, Seven years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feby 23rd 1880

Undertaker, Denny & Mitchell

Place of Business, 55 & 57 Fayette St

E. H. Holbrook M. D.

Medical Attendant.

Address 185 N. Amity St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 01 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Driscoll Phillips

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 12 Jordan Alley

Cause of Death, First, (Primary.) .....
Second, (Immediate,) Consumption

Duration of last Sickness, Six mos.

All the above information should be furnished by the Physician.

Place of Burial, Locke Station Balto Co

Date of Burial, Feb 22nd 1880

C. L. Williams M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 01 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm S. Cole

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 0 *Days.*

Color, Wh

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Cathedral St extended

Cause of Death { First, (Primary,) Croup
, { Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb. 22 d 1880

G Lane Tanyhill *M. D.*
Medical Attendant.

Undertaker, J C Jordan

Place of Business, 63 Eutaw ave *Address,* 129 N Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Halfpenny

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 25 N. Chapman St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb. 23d 1880

Undertaker, Hoey & Bro.

Place of Business, Fayette & Broadway

C. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... *M. D.*

Medical Attendant.

Undertaker, ...

Place of Business, ... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38037 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Grimes Abrahams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 Years, 9 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Nr 175 N Calvert St.

Cause of Death, First (Primary.)

Second (Immediate,) General Debility

Duration of Last Sickness, 1 Week.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 23rd 1880 Pembroke W. Hemble M. D.

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway Address 263 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE BOARD OF HEALTH FEB 28 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 22d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Wilk

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* 1 *Months,* 22 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 178 Hamburg St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Phthisis Pulmonalis.

Duration of last Sickness, about 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Febr 24th 1880

Undertaker, Julius Koehler

Place of Business, Sharp & Cross. Sts. *Address,* 152 Sharp St.

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 9 8

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38039 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jameson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 years *Years,* *Months,* *~~Days.~~*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 2 hours

Place of Death, {Give street and number} 20 Courtney Lane

Cause of Death, First, (Primary.) Congestion of Brain

Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb. 23d 1880

Undertaker, H Mears

Place of Business, Gay st

John Monroe M. D.
Medical Attendant.

Address, 3 Wright st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. SACHSE & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 38040

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rose Lee

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* ____ 7 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 414 Eutaw Place

Cause of Death, { First, (Primary,) Bronchitis

Second, (Immediate,) ____

Duration of last Sickness, 1 W

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 23rd Feb 1880

Undertaker, H W Jenkins Son

Place of Business, 16 Light St.

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Feb 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Schevenkuh

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Bar Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 57 McKim St

Cause of Death First, (Primary,) Congestion of Brain

Second, (Immediate,) "Alcoholism" and a factor in the cause of death was a Probable fall on the head Some weeks ago

Duration of last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb. 23d 1880

Undertaker, H Boehme

Place of Business, 26 Everett Ave

Wilmer Prentow M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 38042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 23 '80 BALTIMORE

Date of Death, February 22 - 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Smith

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* Three *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } Nurse Dr. Wolfe &c — Premature Youth

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) ____

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb. 24d 1880

Wm H Chudsman M. D.
Medical Attendant.

Undertaker, Keys & Bro

Place of Business, Fraplus & Broadway *Address,* No 102 & 12 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 380433

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 8 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Hamm

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 110 *Years,* *Months,* *Days.*

Color, D

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

Occupation, Porter

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and number } 89 Monroe Alley

Cause of Death, { First, (Primary,) Old Age / Second, (Immediate,) Old Age

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, July 23 1880

Undertaker, W. H. Bailey

Place of Business, 7 Dilliston

Edward Stevens M. D.
Medical Attendant.

Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Mr Wiseman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 380444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward T. Slaughter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 11 *Months,* 3 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Fireman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 210 Caroway Street

Cause of Death, First (Primary,) Accident crushing left foot & leg

Second (Immediate,) Amputation Collapse & internal injuries

Duration of Last Sickness, 18 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem J. Wm Wallis M. D.

Date of Burial, Feb 23rd 1880 Medical Attendant.

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St Address 18 So Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22nd February 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fitzpatrick

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, W

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 66 York

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 27th 1892

Undertaker, C F Krause

Place of Business,

H. W. Webster M. D.
Medical Attendant.

Address, 57 Bunker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ttention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hahn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 14 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 350 Orleans St.

Cause of Death {First, (Primary,) Tuberculosis Laryngitis
Second, (Immediate,) Exhaustion

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 23.

Undertaker, John Heneidy.

Place of Business, 382 Orleans St. *Address,* Balt. Md.

L. G. Lisk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

...ON 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ... forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set... as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... the cause and date of death, except in cases of births and deaths of illegitimate children.

...ITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 21 st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Forderick Behrens

Sex, Male or Female, { cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Mechanic

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Holland

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, { Give street and number } Little 6 P. Church St.

Cause of Death { First, (Primary,) (Had been paraplegic for 3 yrs.)
Second, (Immediate,) Apoplexy
1 hour

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feby 25th 1880

Undertaker, Julius Koehler

Place of Business, Sharp & Cross St *Address,* 215 Light st

R. P. Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter J Fitzendaffer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} [redacted] 61 Gilmor St

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 261 Gilmor St

Cause of Death {First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 23rd 1880

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw [redacted] *Address,* 185 W Baltimore St

W H Conn *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38049.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22 — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Baker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 — 9 *Years,* 10 *Months,* 16 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number} 440 Sept 1st corner of Wilkens

Cause of Death, First, (Primary,) Disease of Brain & Spine

Second, (Immediate,)

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bet Cemetery

Date of Burial, Feb 24th 1880.

Undertaker, W. E. Dill

Place of Business, 188 Columbia ave *Address,* 28 South Gilmor St

J. H. Wupe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[9784.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 19[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Neil

Sex, Male or ~~Female~~, {cross out the word not required in this line.} —

Age, — *Years,* — *Months,* 8 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~Lifetime~~

Place of Death, {Give street and number} 51 Oxford St.

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,)

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb. 23d 1880

Undertaker, Wm H. Burch Jr

Place of Business, Druid Hill Ave

James A Lee M. D.
~~Medical Attendant.~~
Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Mr Riggs

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 18 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Nolan

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} No 28 E Lombard St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 1 Year.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery J. H. Womble M. D.

Date of Burial, Feb 24th 1880 Medical Attendant.

Undertaker, Hoy W. Mears

Place of Business, 45 N. Gay St *Address* 203 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 5 weeks ~~Days.~~

Color, Color 5 *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 27 Druid Hill Ave

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 27 Druid Hill Ave

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Inanition

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Lauren Cemetery J. G. Lindsay *M. D.*

Date of Burial, Feb 23rd Medical Attendant.

Undertaker, Wm H. Bishop *Address* 159 Park Ave

Place of Business, 97 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 38053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Bull

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Forty eight *Years,* ____ *Months,* ____ *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Full of life

Place of Death, {Give street and number} 113 York St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Lockjaw

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, January 23rd

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

H. S. Booze M. D.
Medical Attendant.

Address, 200 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38054

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Murdock Owens

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* Eight *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 5th M Baltimore

Place of Death, {Give street and number} 514 N. Baltimore St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, February 24

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 227 Mulberry St

J. L. Rieu M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 22 1891

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Pinnell Fuller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number} 1 East Lee St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Lebanon Cemetery.

Date of Burial, 24 of Feb

Undertaker, Fred Gaede

Place of Business, 29 E. Lexington St

J. J. Guth M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ATTENTION TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Jones

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, ... *Years,* Eleven *Months,* Five *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } No 8 Herring Court

Cause of Death { First, (Primary.) ..... Second, (Immediate,) Pneumonia

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb. 24. 1887

Undertaker, Charles A. White

Place of Business, 35. Granby street

Aug F. Ehrich M. D.
Medical Attendant.
Jr Balt.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...respectfully invited to the remarks below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22nd Feb 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada V Brooks

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, 3 Month

Place of Death, {Give street and number} 14 Banks St

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet fever

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, Feb 24 1880

McWilliams M. D.
Medical Attendant.

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St

Address, Cor Stricker & Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Fitzpatrick

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Forty Five *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.} Widower

Occupation, Laborer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Down, Ireland—

Duration of Residence in the City of Baltimore, Twenty Nine Years

Place of Death, {Give street and number} No 228 Chestnut st

Cause of Death First, (Primary,) Strangulated Inguinal Hernia

Second, (Immediate,) Left Side

Duration of last Sickness, Forty Eight Hours—

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 26th 1880

Undertaker, James L Byrne

Place of Business, No 63 N Front St

A. P. P. Means M. D.
Medical Attendant.

Address, 133 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38059

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Henry Schroeder

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 7 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Storekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 52 years

Place of Death, {Give street and number.} No 2 Patapsco

Cause of Death, First (Primary.) Typhoid Pneumonia

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 25

Undertaker, Ernst Hellmann

Place of Business, 6 Little Paca St

Pembroke W. Wauble M. D.
Medical Attendant.

Address No 203 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38060 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 23' 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel J. Whillemore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 3 Week, 4 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 538 Aisquith St

Cause of Death, First (Primary,) Indigestion

Second (Immediate,) Deficient Nutrition

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 24th 1880

A. G. Watson M. D.
Medical Attendant.

{*Undertaker,* Denny & Mitchell
Place of Business, 65 & Broadway} *Address* 457 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38061

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frome T. Speer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 10 *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number.} 51 Marion St.

Cause of Death, {First (Primary,) Scrofulosis

{Second (Immediate,) Bronchitis

Duration of Last Sickness, About 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 24 1880

Undertaker, S W Chase

Place of Business, No 198 Forward St

Eldridge C. Price M. D.
Medical Attendant.

Address 2623 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...strictly limited to the Remarks below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 38062

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dixon

~~Sex, Male~~ or Female, {cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number} 42 Clinton St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Softening of the Brain

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 24 1880

Undertaker, S. W. Chase

Place of Business, No 198 Howard St

R. M. Hall M. D.
Medical Attendant.

Address, 26 E. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38063

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Washington

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* 2 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 48 Vine St. Balto md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 48 Vine St

Cause of Death First, (Primary,) Pneumonia & Lobular

Second, (Immediate,) Pyaemia & Asphyxia

Duration of last Sickness, 4 days or so

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feby 24 1880

Undertaker, S W Chase

Place of Business, 16 & 18 Howard St

R W Mayfield M. D.
Medical Attendant.

Address, 6 & N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial. within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febr. 23 rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emely Payne

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 220 Hamilton St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Febr 24th

Undertaker, P. A. Keen

Place of Business, 130 Hamilton St

D. M. Race M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 38065

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Vanardsdale

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 85 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } "Aged Home" M E Church-Cor Franklin St & Fulton Ave

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Cerebral Effusion

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 24th 1880

Undertaker, John L Bucher

Place of Business, No 150 Lombard St

John Neff M. D.
Medical Attendant.

Address, 558 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Myers

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 79 *Years,* —— *Months,* —— *Days.*

Color,

~~Married, Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} Aged Women Home

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) 2 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26th Feb. 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

Geo. Hopkins M. D.
Medical Attendant.

Address, Wendy Penn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 38067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Rebecca Raborg

Sex, Male or Female, { cross out the word not required in this line. }

Age, Seventy One *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Seventy One years

Place of Death, { Give street and number } 39 North Gilmore St

Cause of Death, { First, (Primary,) Obstruction of Bowels & Second, (Immediate,) Congestion of Stomach & Bowels

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 25 Feb 80

Undertaker, H W Jenkins & Son

Place of Business, 16 Light Street

J. H. R. Wolfe M. D.
Medical Attendant.

Address, 28 North Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisa Bolenius

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 5 *Years,* 5 *Months,* 26 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 159 Edmondson av.

Cause of Death, {First (Primary,) Scarlatina

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Green. W. Cy

Date of Burial, February 24/80

Undertaker, Stewart & Mercer

Place of Business, 35 Park Ave.

Richard B. [illegible] M.D.
Medical Attendant.

Address, 131 W. Fay. Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 38069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Lotkemann

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 232 West St

Cause of Death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Exhaustion

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Shaws St Cem

Date of Burial, Feb 25th 1880

Undertaker, Perkins & Keene

Place of Business, Hennette & *Address,* Corner of Wash & Pratt

Thos A. Edwards M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Wehrman

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Moulden

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, { Give street and number } 429 Gorsuch Ave

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of last Sickness, Dec 1st

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feby. 25th 80

Undertaker, Mr. France

Place of Business, 280 Canton Ave

J. H. Snyder M. D.
Medical Attendant.

Address, 429 Gorsuch Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael O Leonard

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 20 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~8 days~~ Life

Place of Death, {Give street and number} 34 Lemon Street

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb. 23d 1880

Undertaker, J. B. Cook

Place of Business, 20 S Gallow St

John A Adams M. D.

~~Medical Attendant~~.

Address, Commissioners Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Mr Weinman

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38072

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 Feb 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Nancy Pritchett

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* Three *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 27 Vincent Alley between Lexington & Fayette Sts

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 27 Vincent Alley

Cause of Death, { First, (Primary,) Trismus Nascentium

Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, W. Pueblo's Cem

Date of Burial, Feb 24th 1880

Undertaker, Jno A Kerchner

Place of Business, 50 S. Carrollton ave

Prof Duncan M. D.
Medical Attendant.

Address, 680 W. Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38073

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

Date of Death, Feby 24. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Mrs. H. Paxton Esq

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female.

Age, infant lived about half hour Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 656 N. Liberty St

Cause of Death, First, (Primary,) Lockjaw Labor. = 3 days

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, Feb 24th 1880

Undertaker, Jos. B Cook

Place of Business, 1207 W Baltimore Street

A. H. Paxton. M. D.
Medical Attendant.
with
Henry M Wilson. M D
Consulting Physician
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED ~~WITHOUT~~ A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 23 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Moxley

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 15 *Years,* 4 *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 52 S. Canalton Ave

Cause of Death, { First, (Primary,) Phthisis Pulmonalis / Second, (Immediate,)

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 25

Undertaker, J B Cook

Place of Business, 16 & Baltimore

John Neff M. D.
Medical Attendant.

Address, 558 N. Dayton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Health, City of Baltimore,

Permit No. 38075 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f...* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

Date of Death, 23rd February 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roxy Robbins Goodspeed

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} No 88 McCulloh Street

Cause of Death, First (Primary,) Old age

Second (Immediate,) Dropsy

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, East Haddam Connecticut

Date of Burial, Feby 25th 1880

D. MacKenzie M. D.
Medical Attendant.

{*Undertaker,* Jno H. Weaver & Co.
Place of Business, #22 W Fayette St *Address* 67 Franklin St Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 38076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

Date of Death, Feb. 22d. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hooper.

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 312 La Fayette ave

Cause of Death First, (Primary,) Coccis

Second, (Immediate,) Phthisis

Duration of last Sickness, Above Two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feby 25th 1880

W. P. Morgan M. D.
Medical Attendant.

Undertaker, Delany & Mitchell

Place of Business, 530 W. Fayette St. *Address,* 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo[illegible]

Permit No. 3807

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feby 24/88

Undertaker, D W Myer

Place of Business, 12 W Balto St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

CERTIFICATE OF ~~DEATH~~.

Date of Death, 22 Feb. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Oscar Saatlaff

Sex, Male or ~~Female~~, { Cross out the words not required in this line. }

Age, 23 *Years,* — *Months,* 4 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Pennsylvania.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number. } 91 Eherath

Cause of Death, { First (Primary,) Haemorrhagia, / Second (Immediate,) Apoplexia

Duration of Last Sickness, ab. 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shrewsbery Pennsilvania

Date of Burial, February 25th 1880

{ *Undertaker,* George Schilling

{ *Place of Business,* 16th and Lyncar

C Hoffmann M.D.
Medical Attendant.

Address, 57 Light

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1680 Barnett

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] Rosa Binning

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Orleans St near Ridgely St

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Dysenteric Coma

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, February 26

Theodore Cook M. D.
Medical Attendant.

Undertaker, B Glenn

Place of Business, 411 Light St *Address,* 1426 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Christopher~~ Jamieson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Eighty Five *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Musician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, Twenty Seven Years

Place of Death, {Give street and number} No 55 Aiken St

Cause of Death { First, (Primary,) Carcinoma Right Mamma
Second, (Immediate,)

Duration of last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, Feb 26th 1880

Undertaker, Henry W. Mears

Place of Business, 146 N. Gay St

A. P. Gaeth M. D.
Medical Attendant.

Address, 133 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1681 Trans

Permit No. 3808/

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB. 24 1881 BALTIMORE

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 473 N. Washington St. Rear

Cause of Death, { First (Primary,) . Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Feb 25th 1880

M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 46 N Gay St — *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1880 BALTIMORE

Date of Death, Feby 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Hurst Coulter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 745 Saratoga St

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number} 745 Saratoga St

Cause of Death { First, (Primary,) Cold

Second, (Immediate,) Cerebro Spinal Meningitis 5 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemet

Date of Burial, February 24 1880

Undertaker, Wm H. Hickman

Place of Business, No 234 Gay St

Jno E. Clegett M. D.
Medical Attendant.

Address, 1 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Thomas

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, seven *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomac county Va

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number} 233 Hughes St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Inanition

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetary

Date of Burial, Feb'ry 24.

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Julius Hall M. D.
Medical Attendant.

Southern Dispensary

Address, 77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Johnson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 6 *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Ntive life

Place of Death, {Give street and number} 11 Green St

Cause of Death First, (Primary,) Non Closure of Fracture

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub. Cem'y

Date of Burial, Feb 24th 1880

Silas M Hearn M. D.
Medical Attendant.

Undertaker, P. Mullin

Place of Business, ———

Address, 36 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 23. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magner,

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 2 Ulrich Ct.

Cause of Death {First, (Primary,)} Diphtheria,

{Second, (Immediate,)} Asphyxia,

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 25 1880

Undertaker, I. P. Byrne

Place of Business, Front St

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 24 1880 BALTIMORE

Date of Death, February 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} not baptized = Son of Manual Madison & Alice Davis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 1 *Days.* 6 hrs

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Rear of 615 Penna Ave (In Brick Horse & frame Stable)

Duration of Residence in the City of Baltimore, 30 hrs.

Place of Death, {Give street and number} Rear of 615 Penna Ave.

Cause of Death, First, (Primary,) Acute Bronchitis.

Second, (Immediate,) Asthenia & Atelectasis

Duration of last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, West. Pub. Cemetery

Date of Burial, Feb 22 /80

Undertaker, F. A. Kershner

Place of Business, 50 S Carroll Ave

H. Ricketts M. D.
Medical Attendant.

Address, 520 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah R Smith

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 3 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number } [illegible]

Cause of Death { First, (Primary,) Diptheria
Second, (Immediate,) effusion from Stomach & Lungs

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetary

Date of Burial, Febuary 24 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* [illegible]

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Chapman

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 15 *Years,* 9 *Months,* ..... *Days.*

Color col

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 4 Dallas 30

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Consumption

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 25th 1880

E. C. Baldwin M. D.

Medical Attendant.

Undertaker, J Thompson

Place of Business, 12 & 13 Cardtyn st

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1981 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 23/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Watkins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 17 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire

Place of Death, {Give street and number} 304 N. Calhoun St.

Cause of Death, First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Convulsions

Duration of last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 24

H. R. Hettenstaff M. D.
Medical Attendant.

Undertaker, Richard Trainor

Place of Business, 13 Saratoga St. *Address,* 72 George St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Vaughan

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, 37 *Years,* 2 *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} No 27 S Sterret st.

Cause of Death { First, (Primary,) Gastro Enteritis } { Probable Cause Intemperance
{ Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 25th 1880

Undertaker, John Thacher

Place of Business, Camden & Paca

D. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Essman

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 168 Ledenhall St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 26 1880

Theodore Cook M. D.
Medical Attendant.

Undertaker, B. Hartle

Place of Business, Light St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Olsen

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 18 *Years,* 5 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 10 N Bond st

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) 18 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, February 26. 1880

J Redgway Brown M. D.
Medical Attendant.

Undertaker, D W Dwyer

Place of Business, 12 W Balto St *Address,* No 12 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VIT. . STATISTICS.

Permit No. 38093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Boone

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 12 Temple pl

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) .....

Duration of last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ground

Date of Burial, Feb 25 1880

D W Cathell M. D.
Medical Attendant.

Undertaker, Theodore L Locke

Place of Business, 75 Jefferson *Address,* 218 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38094

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Eloise

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 30 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery and Child's Hospital

Cause of Death, First, (Primary.) Phlegmonous Erysipelas

Second, (Immediate,) ____

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 25

C. F. Bryan M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 197 Pen ave *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 24 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Saul

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 25 *Years,* ____ *Months,* ____ *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Housework

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} 106 North St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Apnoea

Duration of last Sickness, 5 hrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 25 1886

Undertaker, J. H. Chase

Place of Business, No 128 Howard St

David Sheets M. D.
Medical Attendant.

Address, 106 E. Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mag: Letitia Judd R

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 46 *Years,* 3 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 246 W Lombard

Cause of Death, First, (Primary,) Brain Softening

Second, (Immediate,) .....

Duration of last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 26th Feb 1880

J. L. E. Wood M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

Address, 28 North Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 22 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Kelly

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number } No 356 Eastern Ave

Cause of Death, { First, (Primary,) Old Age

Second, (Immediate,) " "

Duration of last Sickness, 4 or 5 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feby 25 1880

Undertaker, Leslie Kochler

Place of Business, 1 East St

James A Steuart M. D.

~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jos O. Pitzpatrick

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria McKeen.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give street and number} 114 Lee, 21.

Cause of Death {First, (Primary,) Phthisis Pulmonalis.
Second, (Immediate,)

Duration of last Sickness, 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick, Ce

Date of Burial, Feb 26 1880

Undertaker, C. F. Krauss

Place of Business, 204 Hanover *Address,* 15-2, Sharp St.

R. J. N. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma D. Lentz

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, *Years,* 13 *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 154 E Balt St

Cause of Death First, (Primary.) Syphilis

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 26 1880

Undertaker, [illegible]

Place of Business, 63 Front

H. T. Reynolds M. D.
Medical Attendant.

Address, Eastern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Jennings

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3c Hillen St

Cause of Death, First, (Primary,) Scalded accidentally

Second, (Immediate,) Exhaustion

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Feb 26 1880

Thos A Glenn M. D.

Number of Residence.

Undertaker, H. W. Jenkins

Place of Business, Light St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 38101

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any p[illegible] last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other per[illegible]tending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under pen[illegible] of law.

NO PERMIT FOR B[illegible]AL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Helena E[illegible]

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death { Give street and number. } 242 W Pratt St.

Cause of Death, { First (Primary,) Apoplexy / Second (Immediate,) ~~~~~

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 25th

J G Wambold M. D.
Medical Attendant.

{ *Undertaker,* F. N. Groll
{ *Place of Business,* 131 Hanover St *Address* 203 N Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest H. Fahrenholt

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 26 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~Years~~

Place of Death, {Give street and number} 180 Bank street

Cause of Death, First, (Primary,) Collapse of Apoplexy

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, 5th St Paul Cemetery

Date of Burial, Feb 25th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av *Address,*

J. Guthrie *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. B 8103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 24/81

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa V Brown

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 34 *Years,* 4 *Months,* 22 *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number} 434 E. Chase st

Cause of Death First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 26th

J A Warner M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St *Address,* 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Neuman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 14 *Years,* ..... *Months,* ..... *Days.*

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give street and number} No 5 Wilmot Alley

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) .....

Duration of last Sickness, Some Time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby. 26th 1881

Undertaker, Wm. H. Bishop Jr.

Place of Business, No. 97 Druid Hill Ave.

W. W. Martin M. D.
Medical Attendant.

Address, 192 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febry. 20 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos W. Boyer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 9 *Months,* 28 *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Parish alley. 2. South St. Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 2. Parish alley.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Fernel Cemetery

Date of Burial, Feb 25 1880

G W Ames M. D.
Medical Attendant.

Undertaker, W Clinedinst

Place of Business, No 62 East St

Address, Cor. Stricker & Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE REGISTRY FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thirty Evans

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* —— *Months,* —— *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, about 13 years

Place of Death, {Give street and number.} No 330 Vine St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Consumption

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Feb 26 1880

Undertaker, William Monroe

Place of Business, No 62 East St

J. C. Shimer M. D.
Medical Attendant.

Address 41 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Alice White

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wexford (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. of John and Valley Sts

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, February 26th 1880

Undertaker, Henry Shelhaus

Place of Business,

Wm. Brooke Boyle M. D.
Medical Attendant.

Address, 416 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38108 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 25 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lula Rice

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Fulton St Balt-o Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 421 N° Howard St Balt-o Md

Cause of Death, First (Primary,) Confluent Small Pox

Second (Immediate,) Pulmonary Congestion

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 25th 1880

Wm D P Lankin M. D.
Medical Attendant.

Undertaker, Jos. B. Coale

Place of Business, No 704 E Baltimore street *Address* 768 W Balt-o

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 28109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Lancaster.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} No. 66 Penna. Avenue

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Debility from old age.

Duration of last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem't

Date of Burial, Feb 27th 1880

Undertaker, Andrews & Hodges

Place of Business, No 456 Druid Hill Ave

Samuel T. Knight M. D.
Medical Attendant.

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th January 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paola Sullivan.

Sex, Male or Female, {cross out the word not required in this line.}

Age, Sixty one (61) *Years,* ..... *Months,* ..... *Days.*

Color, white.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Blacksmith.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll County Maryland

Duration of Residence in the City of Baltimore, about 35 years.

Place of Death, {Give street and number} No 323 Franklin St. Balto

Cause of Death, First, (Primary,) Cerebral Hemorrhage Right Side

Second, (Immediate,) Cerebral Hemorrhage Ruptured

Duration of last Sickness, about two hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 26th 1880

Undertaker, Wm. B. Cook

Place of Business, No 707 W Baltimore Street

Address, 47 Franklin

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. E. Helms

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 42 N Holliday st

Cause of Death, First, (Primary.)

Second, (Immediate,) Trismus Nascentium

Duration of last Sickness, 1 da.

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Feb 28th 1880

Edwd P. Andrews M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

Address, 137 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, February 25th. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wurmstick

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 68 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give street and number} Cor Holland & Canal streets

Cause of Death, First, (Primary.) Acute Progress Sick Anemia

Second, (Immediate,) Malarrnus

Duration of last Sickness, Three (3) months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 27, 1881

Undertaker, D. & Rossig

Place of Business, 97 Orleans St

S. R. Selouw M. D.
Medical Attendant.

Residence, S.E. cor Eager Caroline & Wolfe Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 38113.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara A Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Ninety one *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 30 Cathedral st.

Cause of Death, {First (Primary,) Senility

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feb 27th 1880

{*Undertaker,* H. W Jenkins & Son

{*Place of Business,* 16 Light st.

Reggin Bucklin M.D.
Medical Attendant.

Address 135 N Charles st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert McCafferty

Sex, Male or Female, {cross out the word not required in this line.}

Age, 31 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} No 380 E. Chase St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 27th

Undertaker, W H Hickman

Place of Business, 234 N Gay St

J J White, M. D.
Medical Attendant.

Address, 761 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Lewis

Sex, Male or ~~Female~~, {cross out the word not required in this line.} X

Age, 34 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give street and number} 59 Cross St

Cause of Death {First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 27 ~~—~~

Undertaker, H. Neile

Place of Business, Fremont St 81

R. P. Ellis M. D.

Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...w of Health, City of Baltimore

Permit No. 38116

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

Date of Death, Feby 25th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Sanders

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, —→ *Years,* 4 *Months,* —→ *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplase, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, 4 mts.

Place of Death, { Give street and number } 52 Warren ave.

Cause of Death { First, (Primary,) Cerebral Irritation

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Feb 27 80

Undertaker, Anston & Dennis

Place of Business, No 263 Light

R. H. P. Ellis *M. D.*
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38117.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1898 BALTIMORE

Date of Death, Feb'y 25th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Benson

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, — *Years,* — *Months,* 7 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, 7 Days

Place of Death, {Give street and number.} 144 Henrietta St.

Cause of Death, First (Primary,) Spasms

Second (Immediate,) 7 dys

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, 26th Feb

Undertaker, Perkins & Keene

Place of Business, 130 Henrietta

R. C. Lee, M.D.
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 38118 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

Date of Death, Feb. 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Rinnan Warfield

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Years, 90 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 668 W. Fayette St.

Cause of Death, First (Primary,) Old Age

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Feb. 26th 1880

Undertaker, Deceased Mitchell

Place of Business, Fayette & Canton Ave

A. C. Black M. D.
Medical Attendant.

Address 668 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3817 9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 26th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Eames

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, the last 15 years

Place of Death, {Give street and number} 1046 N Gilmore St

Cause of Death, First, (Primary,) Illness

Second, (Immediate,) Nervous Prostration

Duration of last Sickness, Since Feb 1st—1880.

All the above information to be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, Febry 27 - 80 Edward R. Ward M. D.

Medical Attendant.

Undertaker, Dillon & Hutchison

Place of Business; [redacted] *Address,* 242 W. Lombard St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore.

Permit No. 38120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Pennington

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* about 13 *Months,* ..... *Days.*

Color, Ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} East

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 85 Druid Hill Av

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,) .....

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lakeside Cemetery

Date of Burial, February 26

Undertaker, Hercules Ross

Place of Business, 25 Conway St *Address,* 201 W Biddle St

H. Winslow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3812

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 26
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 23. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Jackson.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, [illegible] *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number} 9 Seamans Court

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Shaw St Cemetery

Date of Burial, February 26

Undertaker, Hercules Ross

Place of Business, 14 Conway St

W. S. Bozé. M. D.
Medical Attendant.

Address, R. of Shaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Godfred Schlerf

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, Seven *Years,* One *Months,* Nine *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 120 Columbia Av.

Cause of Death, {First (Primary,) Scarlat Feren

Second (Immediate,) Cardiac Asthenia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, German Luthra. Druidhill

Date of Burial, Feb. 26th 1880.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

De Lancy K. Barclay M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 38123,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Barker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 1 *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 202 Robert Street

Cause of Death, First (Primary,)

Second (Immediate,) Pneumonia

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurell Cemetery - A. J Bell M. D.

Medical Attendant.

Date of Burial, Feb. 27th 1880

Undertaker, Adam Heidemeyer

Place of Business, 318 W. Baltimore St. *Address* 234 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Ladloff

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 180 Orleans St.

Cause of Death, First, (Primary,) Hydrocephaloid Acute

Second, (Immediate,) Congestion

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 27.

Undertaker, John Herring.

Place of Business, 382 Orleans St. *Address,* 245 S. Wilkens Ave

J. Thatcher, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

THE J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr: 26-1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bartel

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 48 *Years,* 1 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 83. Eastern Av.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, about 7 years

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, Febr. 27th 1880.

Undertaker, Peter Frey

Place of Business, 91 Elan Av

J. Lee. Lamar M. D.
Medical Attendant.

Address, 97. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard H. Thomas

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 46 *Years,* 3 *Months,* 12 *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.} Widower

Occupation, Miller

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Ninety Years

Place of Death, {Give street and number} 181 N Eighth st

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 28th

Undertaker, Geo Schilling

Place of Business, 45 S. Eutaw and 8 Lexington *Address,* 133 N. Eutaw st

A. P. P. Yeates M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Johnson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3. Bohemian Court

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of last Sickness, 2. Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26th 1880

James A. Steuart M. D.

~~Medical Attendant.~~

Undertaker, C. A. Wilde

Place of Business, Grand St Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by E. Weinman

Permit No. 38128 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Hughes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 5 *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bonville, W. Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 234, W. Biddle

Cause of Death, {First (Primary,) Fatty degeneration of the heart; Second (Immediate,) Angina Pectoris

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. } Morris Stevens M. D.

Date of Burial, Feb 28th 1880 } Medical Attendant.

Undertaker, Thos S Hughes *Address* 319, W. Fayette St.

Place of Business, 60 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Zurkenbach

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 49 *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} No 105 Lemmon Alley near Hanover.

Cause of Death { First, (Primary,) Cancer of Uterus
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 27 Feb

Undertaker, J. P. Paulus

Place of Business, 66 Fredrick Ave

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 38130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 BALTIMORE

Date of Death, Feb 26 /80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Owens

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Convict Dont Know

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bath City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, {First (Primary,) Hypertrophy of Heart

Second (Immediate,)

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb 24 1880

Undertaker, James B Byrne

Place of Business, No 63 N Frem[illegible]

Jno. Bostn Boyle M. D.
Medical Attendant.

Address, 116 E Eager Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 27
1881
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mc Manus

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 60 Harrison st

Cause of Death {First, (Primary,) Dropsy

Second, (Immediate,)

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 27 1880

Undertaker, Kerr & Byrne

Place of Business, Front st

Dr. T. Bogues M. D.
Medical Attendant.

Address, 134 N High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1881 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Feb. 26/80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane McGarth.

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 12 *Years,* *Months,* 12 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give street and number } 325 E. Madison St

Cause of Death, First, (Primary,) Lyphs – Malarial fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 27th

Edward J. Andrew M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilford Ave *Address,* 137 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38133

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ingold

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* about 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Since Infancy 13 Years

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Stomach & bowel trouble

Duration of last Sickness, from necessity

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 28, 1881

Undertaker, J. Pennington and

Place of Business, 52 Pearl St.

Martin Brewer M. D.
Medical Attendant.

Address, 52 N. Caroll St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3813.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26. 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Cecilia Santi

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Italy

Duration of Residence in the City of Baltimore, Her entire 12 years

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 28. 1889

Stephen C. Brune M. D.
Medical Attendant.

Undertaker, A Brennan and

Place of Business, 67 Division St

Address, 67 Division St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38135

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1880 BALTIMORE

Date of Death, Feb 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara & Joseph Burke

Sex, Male or Female, {cross out the word not required in this line.} Parents

Age, ——— *Years,* ——— *Months,* 11/12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 313 N. Dearborn St

Cause of Death, First, (Primary,)

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 27 1880

Undertaker, Adam Fink

Place of Business, Gay St

Thos A Cleary M. D.

Medical Attendant.

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by E. Wenniman

Board of Health, City of Baltimore,

Permit No. 38136

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Leahen

Sex, Male or Female, {cross out the word not required in this line.}

Age, one *Years,* nine *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 33 McCulloh st

Cause of Death, First, (Primary.)

Second, (Immediate,) Infantile entrocolitis

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 28th 1880

Undertaker, Chas T Scriven

Place of Business, 221 N Eutaw st

Geo C Ogle Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Noake

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labore

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England — unknown

Duration of Residence in the City of Baltimore, 9 or 10 weeks

Place of Death, {Give street and number} 29 Central Market Space

Cause of Death { First, (Primary,) Intemperance
Second, (Immediate,) Gastro - Enteritis

Duration of last Sickness, unknown

All the above Information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, February 27

Undertaker, Patrick Mullin

Place of Business,

Edmund R Waldo M. D.
~~Medical Attendant.~~

Address, Coroner No 2

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1881 BALTIMORE

Date of Death, February 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Lauer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 49 *Years,* 1 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Bricklayer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany - in U. S. 15 years.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 246 N. Chapel St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, One year

All the above Information should be furnished by the Physician.

Place of Burial, H. Wilis Cem

Date of Burial, 2/27/80

Undertaker, Henry Lauer

Place of Business, [illegible]

G. Gaylor Miller M. D.
Medical Attendant.

Address, 210 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38139

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26 82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Bale

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 264 Park Ave

Cause of Death First, (Primary,) Congestion of Lungs

Second, (Immediate,) Pulmonary Apoplexy

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Middletown Balto Co

Date of Burial, February 28th 1881

Wm. H. Wilmer M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 2342 Gay St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

1686. Transit

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb - 26" 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Williams Lewis

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~—~~ *Years,* ~~—~~ *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 40 Cohens alley

Cause of Death, First, (Primary.) mal Nutrition

Second, (Immediate.) Inanition

Duration of last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Feb 27" 1880

Thos R Ellis M. D.
~~Medical Attendant.~~

Undertaker, F. A. Kerchner

Place of Business, 50 S. Carrollton ave. — *Address,* Comm of Health & Registra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by —

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1881 BALTIMORE

Date of Death, Feb 26 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Trisler

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 88 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Since life

Place of Death, { Give street and number } 54 George St

Cause of Death, First, (Primary.)

Second, (Immediate,) Paralysis General Cause Asphyxia.

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Saturday Feb 28th

J. Mellen M. D.
Medical Attendant.

Undertaker, William Weaver

Place of Business, 202 N Eutaw St *Address,* 89 Mercer St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Hopkins

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 321 Hanover St

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Marasmus

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27th 1880

Thos A Cleim M. D.
~~Medical Attendant.~~

Undertaker, Perkins & Keene

Place of Business, S. Eutaw St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by - E. Wenman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38143.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Britton

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 29 Stockton Alley

Cause of Death First, (Primary,) Convulsions from Brain Disease

Second, (Immediate,)

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 27th 1880

Undertaker, Wm. B. Cook

Place of Business, No 707 n Baltimore Street

W. Kegler M. D.
Medical Attendant.

Address, Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1931 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis S. Schofield

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* 2 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Merchants Hotel Cor Hanover & Pratt Sts S.W.

Cause of Death { First, (Primary,) Hypertrophy of the heart & Hypostatic congestion of the lungs
Second, (Immediate,) L. Scale.

Duration of last Sickness, Fifteen days.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery.

Date of Burial Feb 28th

John Morris *M. D.*
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, 131 Hanover *Address,* No. 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1880 BALTIMORE

Date of Death, February 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Elizabeth Moller,

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* — *Days.*

Color, White —

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.} Widow,

Occupation, Grocery, Store Keeper,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 35 years,

Place of Death, {Give street and number} No 311 Aliceanna St,

Cause of Death First, (Primary,) Ovarian Tumor;

Second, (Immediate,) Dropsy;

Duration of last Sickness, 12 Months —

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, February 29th 1880

Undertaker, John C. Schuh

Place of Business, 265 Aliceanna St.

Thomas J. Evans. M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th February 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mufield R Miller

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ball.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 55 East

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheria

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 28th 1880

Undertaker, Wm J. Mucher

Place of Business, Lombard & Paca

H. W. Mebat M. D.
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 25, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Baird

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* ..... *Months,* 2 *Days.*

Color, Mulatto *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 9 Rose St.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No. 16 Little Pine St.

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,) .....

Duration of Last Sickness, about sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 27

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St.

W. H. Thompson M. D.
Medical Attendant.

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1981 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Turner

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 26 *Days.*

Color, ~~c~~ col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Rear of 59 East 21

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Rear of 59 East 21

Cause of Death, First, (Primary,) Scrofula

Second, (Immediate,) Pneumonia

Duration of last Sickness, One week (This a Chronic Invalid

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27th 1880

Undertaker, A Hayman

Place of Business, No 13 Pratt St *Address,* 124 n Exeter st

E C Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38149

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB. 26, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Arendt

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, ____ *Years,* ____ *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 169 S. Caroline St.

Cause of Death, First, (Primary,) Internal Convulsions.

Second, (Immediate,) ____

Duration of last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Feb. 28th

Undertaker, W. Diffel

Place of Business, S. Bond at 151

John H. Rehberger M. D.
Medical Attendant.

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1889 BALTIMORE

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 789

Cause of Death { First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 29 Feb

Undertaker, Meeth & Sticka

Place of Business, 60 Carrollton ave

Address, ...

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 98451

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE FEB 28 1880 BALTIMORE MD.

0

CERTIFICATE OF DEATH.

Date of Death, February 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Keith

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 69 *Years,* ~~*Months,*~~ ~~*Days*~~

Color, Colored

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

Occupation, Caulker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 142 Caroline st

Cause of Death, {First (Primary,) Disease of the Heart & Mitral Valves

Second (Immediate,) Paralysis from effusion in Brain

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon St Cem~~

Date of Burial, ~~Feb 29th 80~~

Undertaker, ~~Fred. J Lockt~~

Place of Business, ~~73 Jefferson St~~

Thomas J. Evans M.D.
Medical Attendant.

Address, ~~22~~ Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia F. Glass.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 48 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 311 East Eager St.

Cause of Death First, (Primary,) Catarrhal Phthisis

Second, (Immediate,)

Duration of last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 1st

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman *Address,* 170. E Franklin St.

John Morris *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Henry Kreager

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* 4 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 26 Baker St

Cause of Death, First (Primary,) Inflamation of bowels

Second (Immediate,) Perforating Ulcer

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem. Chas E Sadtler M. D.

Medical Attendant.

Date of Burial, Febr. 29. 1880

Undertaker, Walter Sinnet *Address* 649 Penna Ave

Place of Business, 252 N. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Friedsburg

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, —— *Years,* 17 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 510 Penna Ave

Cause of Death, First, (Primary,) Cachexia Bronchitis

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar 1

L. Miller M. D.
Medical Attendant.

Undertaker, Walter Inman

Place of Business, 252 W Baltimore *Address,* 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38155

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Herman Klausing

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71. — *Years,* — *Months,* 16 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Workmann

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} Trinity H. No. 8.

Cause of Death, {First (Primary,) Consumption / Second (Immediate,)}

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Febr 29th 1880

Undertaker, Peter Tracy

Place of Business, 91 Eden Av

A. H. Rich M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Capt. Edw. Gould,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 67 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 130 Fourth Ave.

Cause of Death First, (Primary,) Sclerosis of the Brain

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 29th 1880 — C. Glanville, Rue M. D. Medical Attendant.

Undertaker, Wm. J. Hughes

Place of Business, 60 E Balto — *Address,* Balt. & Wash. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...D. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Sanders

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 Years, 2 Months, 7 Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 69 Jockman alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Bronchitis

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Shaw St Cemetery

Date of Burial, February 29 Thomas Cotta M. D.

Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 75 Conway St *Address,* 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0743.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip P. Hidhain

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 24 *Years,* 8 *Months,* 8 *Days.*

Color, Col *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 24 yrs 8 mo 8 days

Place of Death, {Give street and number.} No 79 Burgundy Alley

Cause of Death, First (Primary,) ...

Second (Immediate,) Phthisis Pulmon

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 27

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address* 53 S. Bkly St

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 38159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daughter of Charles H. Jones

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* Fifteen *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 2 Y. Eutaw St

Cause of Death, { First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaaph Stevens

Date of Burial, February 29

Undertaker, Hercules Ross

Place of Business, 95 Conway St

W. S. Bowie M. D.
Medical Attendant.

Address, 206 Thal St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Powell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} 84 Grant St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) General Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 29, 1880

Undertaker, Henry Hoen

Place of Business, 309 Central Ave

A. Thorner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Runteberg

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* ____ *Months,* ____ *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 232 Eastern Avenue,

Cause of Death, First, (Primary,) Typhoid-Pneumonia.

Second, (Immediate,) ____

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Feb 29 th.

John H. Rehburg M. D.
Medical Attendant.

Undertaker, John Henrici

Place of Business, 381 Orleans St. *Address,* # 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 28 1880 BALTIMORE

Date of Death, FEB. 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Quinn

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Carman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 61 S. Central Aven

Cause of Death First, (Primary,) Chronic Bronchial Catarrh

Second, (Immediate,) Enlargement of Heart

Duration of last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 1st 1880

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Wm B Guest M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 28/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm N. Ringleb

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 8 ½ *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 252 N Eden St

Cause of Death { First, (Primary,) Feeble from birth — Probably had convulsion during night — it was seen to be in a dying condition this morn'g. Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 29 1880

Undertaker, H. Hoeck

Place of Business, N. Central av *Address,* ~~206~~ 252 N Eden St

F. Allwarden *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Gerlach

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 66 *Years,* 11 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Coal Driver

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and number } 1 E. Pratt St

Cause of Death, { First, (Primary,) Hospital

Second, (Immediate,) Pyloritis

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, 1st St Paul Cem'y

Date of Burial, Feb 29th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

H. Roth M. D.
Medical Attendant.

Address, 1 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 38165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sept 27th 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac E. Cohen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* 1 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 942 W Baltimore

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 29th 1880

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

J. J. Woods M. D.
Medical Attendant.

Address 203 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Feb. 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Anderson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 24 *Years,* 4 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number} 196 Fine St

Cause of Death {First, (Primary,) Pulmonary Phthisis

{Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 29 1880

Undertaker, S Wheeler

Place of Business, No 198 Forward St

J. Dimmitt Norris M. D.
Medical Attendant.

Address, 532 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38167

OFFICE OF REGISTRAR OF VITAL STATISTICS.

FEB. BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25/80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Ann Ross

Sex, Male or Female, {Cross out the word not required in this line.} Femal

Age, 42 *Years,* 4 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester County Md.

Duration of Residence in the City of Baltimore, About Fifteen year

Place of Death, {Give street and number.} No, 16 Bolton alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Fourteen Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 28 1880

Undertaker, S H Chase

Place of Business, No 198 Howard st

W. H. Thompson M. D.
Medical Attendant.

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th February 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clifton Bowen -

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Two. 2. *Years,* Six. 6. *Months,* Twenty five 25. *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States. If of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 2 Harden's Court.

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Cerebral Effusion & Congestion

Duration of last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feby 28 1880

Undertaker, D W Chase

Place of Business, No 198 Howard

M C Van Bibber M. D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE FEB 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie T Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 7 Pine Street

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Croup

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, W. B. Pub cemetery

Date of Burial, Feb 29 1880

Undertaker, Kirkner

Place of Business, ———

James H Steel M. D.
Medical Attendant.

Registrar

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th, '80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Comer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, Mulatto

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 16 Tyson St.

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Senile Debility

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1. 1880

Wm B Kidd M. D.
Medical Attendant.

Undertaker, John C. Jones

Place of Business, 163 Park Ave

Address, 107 Bond St. W. End

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Priscilla Price

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, —— *Years,* 5 *Months,* —— *Days.*

Color, C

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 105 Preston St

Cause of Death, First, (Primary.) Croup

Second, (Immediate,) Croup

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Lamat Cemetery

Date of Burial, July 29th 1880

Undertaker, J. C. Linton

Place of Business, 62 Park Ave

James A. Steuart M. D.

~~Medical Attendant.~~ Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Washington

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 243 Eden Ave Street

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Pneumonia

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb: 29. 1880

Undertaker, Charles A White

Place of Business, 35 Granby. st

Jno E. D. Neville M. D.
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Benisch

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 120 South Broadway

Cause of Death, First, (Primary,) Do not know the name

Second, (Immediate,) Diphtheria

Duration of last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Edon St Grave Yard

Date of Burial, 28 Feb 1881

Undertaker, J. E. Elam

Place of Business, 9th & Eden

Milton A Taylor M. D.
Medical Attendant.

Address, Broadway & Co. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Birtha Ulrich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 211 Mullikin St

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Gemmet

Date of Burial, Feb 29 1880

Undertaker, W W Madden

Place of Business, 153 Lee St *Address* 31 E. Bond St

Wm N. Dulee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... Years, 3 Months, 10 Days.

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 29 & S. Eutaw St

Cause of Death, First, (Primary,) Laryngitis.

Second, (Immediate,)

Duration of last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, March 1st

Undertaker, John H. Orrick

Place of Business, 225 S. Eutaw St

J. W. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Lewis

~~*Sex,* Male or *Female,*~~ {cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 4 Leadenhall st.

Cause of Death, {First, (Primary,) Ulcer of the Stomach

Second, (Immediate,) .....

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1 1880

Undertaker, John H Owens

Place of Business, 228 S Eutaw st

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th '80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Leary

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 15 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 153 S. Eden st.

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, Feb. 2 '86

Undertaker, M. Hunt

Place of Business, 35 Bank *Address,* E. M. Calvert & Read sts.

John F. Mannix M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38178 # 38178

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby. 28th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. J. Clarkson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, Fifty one *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, Eleven years

Place of Death, {Give street and number.} No. 179 N. Gilmor St.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Paralysis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. J. Ridgely Hammond M. D.

Medical Attendant.

Date of Burial, Feby 29 / 80

Undertaker, Dennis Mitchell

Place of Business, 536 W Fayette St. *Address* Cor. Calhoun & Hollins Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Hennemas

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 Years, 6 Months, 19 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 50 Pine street

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 1

H Darling M. D.
Medical Attendant.

Undertaker, Ernst Schumacher

Place of Business, 252 Pitt Basement Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas F. Lambdin

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 171 Lee St.

Cause of Death { First, (Primary,) Bronchitis
Second, (Immediate,) 2 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, March 1st 1880

Undertaker, C. F. Krause

Place of Business, 204 Hanover *Address,* 152 Sharp St.

R. J. H. Tull M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 29, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anne Christopher

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 81 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 363 W. Lombard

Cause of Death {First, (Primary,) Old age

Second, (Immediate,) Paralysis

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, March 2" 1880

Undertaker, John Thacher

Place of Business, Lucas Corner

John Hood M. D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SEC. 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Barnsticker

~~*Sex*~~, *Male* ~~*or Female*~~, {cross out the word not required in this line.} Male

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or*~~ ~~*Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 57 yrs

Place of Death, {Give street and number} # 278 W. Henry St

Cause of Death, First, (Primary.) Paralysis

Second, (Immediate,) Three years

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 2

Undertaker, J F Cook

Place of Business, 707 West Baltimore

G. T. Knight M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 28183

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William McPhail

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 166 Maryland Ave

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pneumonia

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 1st 1880

Undertaker, Wm. H. Huckman

Place of Business, 234 N Gay st. *Address,* 175 Saratoga St.

H. P. Norgan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph W. Bryan

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, [redacted] *Years,* [redacted] *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number} 495 E Monument St

Cause of Death {First, (Primary,)} Hydrocephalus

{Second, (Immediate,)}

Duration of last Sickness, abt 3 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 1st 1880

Geo S Kinnemon M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N Gay st *Address,* E C Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Virginia Thomas

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 151 Little Pine St

Cause of Death, First (Primary,) Mal-Nutrition

Second (Immediate,) .....

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery C. F. Brown M. D.

Medical Attendant.

Date of Burial, March. 1

Undertaker, Hercules Ross *Address* 241 Leiden Ave.

Place of Business, 95 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Kelso

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 36 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 81 Walton St

Cause of Death, First, (Primary,) Cold & Exposure

Second, (Immediate,) Consumption

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemet

Date of Burial, March 1st 1880

James H Lewis M. D.
Medical Attendant.

Undertaker, P. Mullen

Place of Business, P. Park av *Address,* Comm of Health Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by B. Dess

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Bell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 93 Moores alley

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Pneumonia,

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch 2d 1880

Undertaker, Henry Bell

Place of Business, 93 Moores alley

Thos A Steuart M. D.

Address, Comm of Health

H Reynolds

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Rev E. Brown

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 29th February 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary P. Lloyd,

Sex, Male or Female, { cross out the word not required in this line. } Fem

Age, 50 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, { Give street and number } 1 W. Pratt Gilmor Pl

Cause of Death, { First, (Primary,) Second, (Immediate,) } Senile Decay,

Duration of last Sickness, about 5 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, March 2d 1880

Undertaker, Henry H. Mears

Place of Business, 45 N. Gay St

Geo. L. Thomas M. D.
Medical Attendant.

Address, 5 S Wm Baltimor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 29th. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wade ~~Baxter~~ Humphrey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, one *Years,* one *Months,* thirteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baltimore County

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number} 108 North Central Ave

Cause of Death { First, (Primary,) Inflammation of bowels
Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, March 1st 1880

Undertaker, Thos L Hughes

Place of Business, 60 E Balto st

Geo H Watson M. D.
Medical Attendant.

Address, 18 Virginia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Malone

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 221 Bond St

Cause of Death, First, (Primary,) Hydrocephalus (Chronic)

Second, (Immediate,) Eclampsia

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 1, 1880

E. Jones Williams M. D.
Medical Attendant.

Undertaker, H. A. Dugan

Place of Business, 44 S. Broadway

Address, Patterson Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Editha Huber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 408 Hanover St

Cause of Death, First (Primary,) Infantile Paralysis

Second (Immediate,)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 1st 1880

Undertaker, C. F. Krause

Place of Business, 209 Hanover St

J. G. Hamb M. D.
Medical Attendant.

Address 201 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAR 1880

CERTIFICATE OF DEATH.

Date of Death, March 1st 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edah Eastman

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 2 *Years,* 7 *Months,* 11 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 2 - 7 - 11

Place of Death, { Give street and number } 849 Lexington St

Cause of Death, { First, (Primary,) Diphtheria / Second, (Immediate,) }

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 2d 1880

R. McEldowney *M. D.*
Medical Attendant.

Undertaker, John Slacher

Place of Business, Park & Eutaw Sts *Address,* 209 Do

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38193

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 29th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Eleuer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 40 Fort ave

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Infantile Convulsions

Duration of last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

J. H. Lemmert M. D.
Medical Attendant.

Address, 10 S Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38194

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriett Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty five *Years,* Seven *Months,* twenty Eight *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Washer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Centreville Md

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number.} No 35 Forrest st

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, One Year Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. E. Gorsuch M. D.

Date of Burial, March 1st 1880 Medical Attendant.

Undertaker, Wm. N. Lemmon *Address* Cor Fayette & Fayette

Place of Business, No 62 East st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 38195

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* ..... *Months,* ..... *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} Union Depot / Chas. Street

Cause of Death, First (Primary,) .....
Second (Immediate,) Apoplexy

Duration of Last Sickness, An hour or two

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 1st 1880

H. K. Merrick *M. D.*
Medical Attendant.

Undertaker, Wm N. Dungy

Place of Business, No 62 East St *Address* 131 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. Philip Obelgan

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 69 *Years,* 1 *Months,* 23 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany. 41 years — 41 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} c/o. 172 Harford Avenue.

Cause of Death First, (Primary.) Bright's disease of the kidneys

Second, (Immediate,)

Duration of last Sickness, General years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3d

Undertaker, Geo Schilling

Place of Business, c Ashland Lyman

John Morris M. D.
Medical Attendant.

Address, c/o 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

Date of Death, Feb. 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Malin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 139 Hanford Ave.

Cause of Death { First, (Primary,) Apoplexy
Second, (Immediate,) 3 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem'y

Date of Burial, March 2nd 1880

Undertaker, Jas F Byrne

Place of Business, 59 & 61 Light St

Jno. Brooke Boyd M. D.
Medical Attendant.

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 29 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Wortmann

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 85 *Years,* 2 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Ships Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 49 years

Place of Death, {Give street and number} 61 Hanover Av

Cause of Death, First, (Primary,) Natural C, Old Age

Second, (Immediate,) Seadelously

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount, Druid Hill

Date of Burial, March 2nd 1880

H. B. Noble M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 18 W. Baltimore St. *Address,* 17 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th Feby 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Hughes

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, ____ *Years,* 17 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 372 O'Donnell St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Suffocation

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, March 2 1880

Undertaker, Perkins Keelty

Place of Business, Sharp St

Augustus W. Dodge M. D.
Medical Attendant.

Address, 201 Hanover St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 29, 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Williams

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, Black *Sex.* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Drayman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } Balto. City Jail

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,) 6 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, March 1 4 1880

Undertaker, P Mullin

Place of Business, Pt Park ave *Address* 95. E. Baltimore St.

J. M. Hosick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Easley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 273 Eastern Avenue

Cause of Death, First, (Primary,) /

Second, (Immediate,) Diphtheria

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 2 1880

Undertaker, Fry & Bro

Place of Business, 374 Broadway

A. E. Stein, M. D.
Medical Attendant.

Address, 195 N. Eden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OT 21]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Olivia Davis

Color, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 273 Eastern Avenue

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Diphtheria

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 2d 80 A. C. Blair, M. D.

Medical Attendant.

Undertaker, Fry & Son

Place of Business, 54 N. Broadway *Address,* 195 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

Date of Death, March 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Rockhold

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 67 *Years,* 2 *Months,* 7 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 110 N. Wolfe St.

Cause of Death First, (Primary,) Old age

Second, (Immediate,) Debility

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, In E Burial Ground Philad Road

Date of Burial, March 3d

[signature] M. D.
Medical Attendant.

Undertaker, Fry & Son

Place of Business, 34½ Broadway *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Webster.

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 305 E. Lombard.

Cause of Death First, (Primary,)

Second, (Immediate,) Marasmus.

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, Mar 2d 1880

Aug. F. Erich *M. D.*
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 542 Broadway *Address,* 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Bell

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Chambermaid

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} Hanover St. near Eutaw

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate,) Hemorrhage

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Lebanon Cemetery

Date of Burial, March 2 1880

Undertaker, S. W. Chase

Place of Business, No 198 Howard St.

Augustus [illegible] M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances E Brown

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 28 *Years,* *Months,* *Days.*

Color, colored *Sex,* X

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number.} 211 S Howard

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) dropsy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2. 1880

Undertaker, S McShane

Place of Business, No 198 Howard st

Wm Cs Knowles *M. D.*

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Bell Maker

Sex, Male or Female, {cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot County

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number} 18 Rice St

Cause of Death {First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial March 2 1880

Undertaker, S. M. Chase

Place of Business, No 99 Eastern Ave

B. F. Phillips M. D.
Medical Attendant.

Address, 319 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 29 d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Sewell

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 173 York St.

Cause of Death, First, (Primary,) Disease of Heart

Second, (Immediate,) Dropsy

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2 1880

R. M. Hall M. D.
Medical Attendant.

Undertaker, S M Chase

Place of Business, No 198 Howard St *Address,* 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H Boston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* 5 — *Months,* 25 — *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Annapolis Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 86 Dover St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, 7 days —

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 2 1880

T. E. Kirby M. D.
Medical Attendant.

Undertaker, S M Chase

Place of Business, No 198 Howard St *Address* 24 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2d, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Cassell

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 76 *Years,* 1 *Months,* *Days.*

Color, White

~~*Married,* *Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 574 Aisquith st

Cause of Death, First, (Primary,) Intussusception

Second, (Immediate,) Peritonitis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3rd

Undertaker, Wm H Weaver

Place of Business, Eutaw St

Wm B. Billingslea M. D.
Medical Attendant.

Address, Harford Ave & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 9821

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1. 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co. Md.

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number} 432 E. Fayette

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,) Asphyxia

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, March 3rd 1889 G. G. Luck *M. D.*
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Wilson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 50 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 56 N Madison

Cause of Death { First, (Primary,) , Second, (Immediate,) Pneumonia

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 3d 1880

Undertaker, Andrews & Hodges

Place of Business, 1866 Druid Hill Ave

J. Roberts *M. D.*
Medical Attendant.

Address, 25 Green

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph H. Lonesk

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 14 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No. 86 Raborg St

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,) Effusion with convulsions

Duration of last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 4th 1880

Undertaker, Wm James Gray

Place of Business, 65 Pratt St

Chas. H. Yost M. D.
Medical Attendant.

Address, 306 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L. Anderson

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 3 *Years,* — *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Pennsylvania

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, {Give street and number.} 456 E. Balto. St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Pennsylvania

Date of Burial, March 3rd 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

E. P. Bons M. D.

Medical Attendant.

Address, 106 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except [redacted] of births and deaths of illegitimate children.

Trans 1689

[OVER.]

Permit No. 58215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Almira Deeoursh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Twenty five *Years,* — *Months,* — *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 35 S. Hanover St.

Cause of Death, {First (Primary,) Hemorrhage.

Second (Immediate,)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March. 2. 1880

Undertaker, Charles. A. White.

Place of Business, 35. Granby. St.

W. G. Ireland M. D.

Medical Attendant.

Address Corner E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 38216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archie Connelley

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 9 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 187 N Bethel st

Cause of Death, {First (Primary,) Scarlet fever Malignant; Second (Immediate,)}

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3rd

Undertaker, Levy Bro

Place of Business, Broadway & Fayette

John T. Conner M. D.
Medical Attendant.

Address 14 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William P Seidt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 58 E Lombard St

Cause of Death, First, (Primary,) Congestion of Lungs &c

Second, (Immediate,)

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, March 3 1880

D W Cathell *M. D.*
Medical Attendant.

Undertaker, Geo Geo Eckhardt

Place of Business, 222 Canton Ave *Address,* 222 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Williams

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 5 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 6 C. McComas

Cause of Death, First, (Primary,)

Second, (Immediate,) Infantile Diarrhea

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3

Thomas Scott C. *M. D.*
Medical Attendant.

Undertaker, H. Ross

Place of Business, 95 Conway St *Address,* 246 Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3821 C

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

Date of Death, 4 30 o'clock A M Monday March 1 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Maha

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 54 *Years,* 11 *Months,* 15 *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~ {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland — 30 years

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 80 Luzerne St

Cause of Death First, (Primary,) Hydrothorax

Second, (Immediate,) Hydrothorax Congestion

Duration of last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, March 3d 1880

Undertaker, Henry Sander

Place of Business, 252 Canton Av

J E Pichard M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 6 *Months,* ~~—~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 42 Cohen's alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Disease of Brain

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3rd 1880

James H Clemens M. D.
Medical Examiner.

Undertaker, A. Wayman

Place of Business, Saratoga St. *Address,* Commissioners Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by B. 5/1880

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE.

Date of Death, March 1 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Owen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Thirty Eight *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 243 Hughes St

Cause of Death {First, (Primary,) Brain Softening / Second, (Immediate,) Hemiplegia

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3rd 80

Undertaker, Perrine & Keene

Place of Business, 190 Henrietta St

J. L. Ayres M. D.
Medical Attendant.

Address, 146 Hill St

L. [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE

Date of Death, March 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Townsend

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} Harbor of Locust Point Res 72 S Ann

Cause of Death First, (Primary) Accidental

Second, (Immediate,) Drowned

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 3d/80

Undertaker, Fry & Rice

Place of Business, 34 N Broadway

Edmund Walker M. D.
Medical Attendant.

Address, Corner M P St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE

Date of Death, March 2 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T Duffy

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* *Months,* 6 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 177 Lee St

Cause of Death First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 3 1880

Undertaker, John Macken

Place of Business, Pearre & Comstock

J H Emmy *M. D.*
Medical Attendant.

Address, 76 S Eutaw

Extract from Regulations of the ~~Board~~ Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38424

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE

Date of Death, March 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Gerlinberger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 1 *Months,* 10 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Midwife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prussia - Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 14. Penn St

Cause of Death, First (Primary,) .....

Second (Immediate,) Heart Disease

Duration of Last Sickness, Death Sudden, but complaining 1 month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Chas E Sadtler M. D.

Medical Attendant.

Date of Burial, March 4th 1880

Undertaker, George Lambeck

Place of Business, 389 W. Pratt St *Address* 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hufford

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Monument St near Castle

Duration of Residence in the City of Baltimore, 8 mos

Place of Death, {Give street and number} Monument St near Castle

Cause of Death { First, (Primary,) Bronchitis
Second, (Immediate,) Suffocation

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 3 1880

Undertaker, John Heuisler

Place of Business, 342 Eutaw St

E Wallis M. D.
Medical Attendant.

Address, 271 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Schmidt

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Two *Years,* One *Months,* Twenty One *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 133 North Bond St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 4th

Jno H. Creudiner M. D.
Medical Attendant.

Undertaker, Adam. Sink

Place of Business, 461 N. Gay St. *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 1. 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Palmer Darley

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 2 8 yrs

Place of Death, { Give street and number } 239 Wilkens

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, March 4th 80

E. Shehan M. D.
Medical Attendant.

Undertaker, W. P. Tyson

Place of Business, 66 S. Eutaw St. *Address,* 15 W Shank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 2 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Wagner

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 57 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 10 N Strict Bet — Exeter
Harrison's

Cause of Death { First, (Primary,) Second, (Immediate,) }

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 4

Undertaker, Walter Emmit

Place of Business, 262 W. Balto

W. H. Houck M. D.
Medical Attendant.

Address, Penna Ave & Laurens Sts City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death { First, (Primary,) ..... Second, (Immediate,) ....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lorel Cemetery

Date of Burial, March 3 1880

Undertaker, William Mange

Place of Business, No 62 East St

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Klotzbuecher.

Sex, Male or Female, {Cross out the words not required in this line.} Male.

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, White.

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Piano Maker.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York.

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} # 191 Concord Alley

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, March 4th.

Undertaker, F. N. Frall

Place of Business, #131 Hanover St

F. N. Frall M.D.

Medical Attendant.

Address, 131 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE

Date of Death, 7.45 P. M. March 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry [illegible]

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 2 Waters Court Balto Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} No 2 Waters Court City.

Cause of Death, {First, (Primary,) Malformation of heart

Second, (Immediate,) Jaundice

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 3rd 1880

Undertaker, Wm H Bishop Jr.

Place of Business, 9 Druid Hill Ave.

S. E. Feller M. D.
Medical Attendant.

Address, 853 E. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...a of Health, City of Baltimore,

...32 38232 OFFICE OF REGISTRAR OF VITAL STATISTICS.

...ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ... or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE

Date of Death, March 3d 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie J. Zimmerman.

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} University Hospital Lombard Green

Cause of Death { First, (Primary,) Phthisis Pulmonalis — / Second, (Immediate,) Anhemia —

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Mar 3 1880

Undertaker, Fred'k A Kuehner

Place of Business, 50 S. Carroll Ave

A. W. Est M. D.
Medical Attendant.

Address, Balt. Infirmary Cor. Lombard & Green Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...a of Health, City of Baltimore,

38233 38233 OFFICE OF REGISTRAR OF VITAL STATISTICS.

...tended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, ... or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Collins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 33 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saicon

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland U.S. over 12 years

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number} Sch. Josephus, in Basin foot Gross St

Cause of Death First, (Primary,) Accident "

Second, (Immediate,) Burned Chest

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Mar 3 1880.

Undertaker, Fred'k A. Kirchner

Place of Business, 50 S Carrollton Ave

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Bath Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

[redacted], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

B 38234

[redacted] person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, [redacted] other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if [redacted] to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Sullivan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 27 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} on Sch Josephus, in Basin [illegible] Cross St,

Cause of Death First, (Primary.) Accident

Second, (Immediate.) Burned

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Mar 3 1880

Undertaker, Fred'k A. Kirchner

Place of Business, 50 S. Carrollton Ave

R. C. Lee M. D.
Medical Attendant.

Address, Baltimore & Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

38235

[illegible]tended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the [illegible]er or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Sutton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Years, 7 Months, 15 Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 2. Halfmoon Alley

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} No 2 Halfmoon Alley

Cause of Death First, (Primary,) Cold. Catarrh of Lungs

Second, (Immediate,) Inflammation of Brain & Bowels

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetary

Date of Burial, March 3. 1880

Undertaker, Charles A White

Place of Business, 35 Granby St.

Geo. H. Watson M. D.
Medical Attendant.

Address, 18 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

138236

...ed any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ... other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 3rd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sallie I. Totty

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Thirty two *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia 6 yrs

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 171 Aisquith St

Cause of Death { First, (Primary,) Phthisis

, { Second, (Immediate,)

Duration of last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 5th

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw St

H. C. Ireland M. D.
Medical Attendant.

Address, 170 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

38237

...ly person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...ther person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ...ed so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emie Christina Louisa Sommerkamp

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 2 weeks 4 days *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} N. W. Cor. Ryan St & Dawson Alley

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. W. Cor. Ryan St & Dawson Alley

Cause of Death, {First (Primary,)} Infantile cankerous

{Second (Immediate,)} ———

Duration of Last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 4th 1880

{Undertaker, Julius Kochler

{Place of Business, Sharp & Cross Sts

Emil Olderdice, M.D.
Medical Attendant.

Address, 106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

38238

The [illegible] attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry J. Hosek

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Three (3) *Years,* Six (6) *Months,* Five (5) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, [illegible]

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 79 S Bond St

Cause of Death, { First, (Primary,) Laryngitis Croupous

Second, (Immediate,) Erysipelas

Duration of last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem

Date of Burial, March 5, 1880

H. W. Stein M. D.
Medical Attendant.

Undertaker, Henry Hosek

Place of Business, 384 Central Ave *Address,* 384 E Eager [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

38239

The [illegible] who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mellen

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wurtzburg, Bavaria

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and number} 13 Smith's alley

Cause of Death {First, (Primary.) Typhoid fever
Second, (Immediate,) Perforation of intestine

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemt

Date of Burial, March 4, 1880

J. H. Warner — M. D.
Medical Attendant.

Undertaker, J. Lenny Flocke

Place of Business, 309 Central Av *Address,* 256 N Wm St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

38240

...erson in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...f person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...e to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 3. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Ryan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 0 *Years,* 3 *Months,* *Days.*

Color, wht

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 44 Preston st

Cause of Death First, (Primary.) marasmus.

Second, (Immediate,)

Duration of last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 4th

Undertaker, Chas T Sevier

Place of Business, 27½ N Eutaw *Address,* 129 W Biddle

116 Lane Dunphill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

38241

...no attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Schweyer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 3

Place of Death, {Give street and number} 10 Schroeder St

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of last Sickness, about 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudons Park Cemetery

Date of Burial, March 5th 1880

R. K. Neas M. D.
Medical Attendant.

Undertaker, P. H. Seewald

Place of Business, 35 S. Eutaw St *Address,* 1340 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...ty of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

38242

...ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...er or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 90

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Lewis Hahn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 22 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 224 Pl.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Diftheria croup

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 4th 1890

Louis L. Horn *M. D.*
Medical Attendant.

Undertaker, P. Kennedy

Place of Business, Mulberry St. *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

38243

...responsible for the presentation of this Certificate, *accurately filled* ... burial, within *twenty-four hours* after the death of said deceased, or ..., under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kitzing, Herman

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 58 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 294 S. Charles

Cause of Death, First, (Primary,) Carcinoma uteri

Second, (Immediate,) Marasmus

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 5th

Undertaker, H. Briele

Place of Business, 81 Henrietta St

J. Mathieu M. D.
Medical Attendant

Address, 945 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 382444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 382444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Courtney Butler

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Most 35 Years

Place of Death, {Give street and number.} Home of Methodist Aged -

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) ~~Pneumonia~~ -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 5th 1880

Undertaker, John Mackie

Place of Business, Lurz & Sayett Sts

G Lane Tanyhill M.D.
Medical Attendant.

Address, 129 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 38245

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Kinzie

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 80 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Atlantic Ocean

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number} Aged Women's Home M E Church - Fulton Ave

Cause of Death, First, (Primary,) Insanity

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, March 4th 1880

Undertaker, John Mackey

Place of Business, Park & Fayette

John Neff M. D.
Medical Attendant.

Address, 57 Wilkens Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1692 Trans

[OVER.]

No. 38246

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Leghman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow, Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States if of foreign birth.} Hartford Co Md

Duration of Residence in the City of Baltimore, abt 5 yrs

Place of Death, {Give street and number} 31 S Central Av

Cause of Death First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Geo. S. Kinnemon M. D.
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38247

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Spriway

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 21 *Years,* 11 *Months,* ..... *Days.*

Color, Black

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 11 Walnut Alley

Cause of Death, First, (Primary,) Cold & Cough-

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem'y

Date of Burial, March 4th 1880

W. A. Dietrich M. D.
Medical Attendant.

Undertaker, F. A. Kirchner

Place of Business, 50 S. Carrollton Av *Address,* 222 N. Bidle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38248

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella V. Shultis

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* ~~10~~ *Months,* 18 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 15 Dover

Cause of Death First, (Primary,) Capillary Bronchitis

Second, (Immediate,) 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 4th

Undertaker, F. N. Troll

Place of Business, #131 Hanover

Geo. N. Bonsal M. D.
Medical Attendant.

Address, 131 Hanover st Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 38249

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38249

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora, Melvina Sauk

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ~~Child~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~Life~~

Place of Death, {Give street and number} 121 Hanbury St

Cause of Death, First, (Primary,) Acute Gastritis

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, March 31st 1880

Undertaker, Smith Denny

Place of Business, 263 Light St

H. B. Noble M. D.
Medical Attendant.

Address, 17 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

38250 No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Schipsky

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 37 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} 303 S. Broadst

Cause of Death, First, (Primary,) Phthisis pulmonum

Second, (Immediate,) Marasmus

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Michael Cemetery

Date of Burial, March 4th 1880

Undertaker, L. Ratz

Place of Business, 122 E. Broadway *Address* 245 Bond st

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3825 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3825 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 March 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Cole

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 6 *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} "105" Morton alley

Cause of Death { First, (Primary,) Paralysis
Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5th

Undertaker, Abraham Wasserman

Place of Business, 13. Saratoga st., *Address,* 129 W Biddle st

G Lane Tanneyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38252

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38252

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ___ *Years,* Three *Months,* ___ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ___

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 53 W. Wayne st Wayne.

Cause of Death, First, (Primary,) Typhoid fever

Second, (Immediate,) Asthenia.

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4.

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

W S Booze M. D.
Medical Attendant.

Address, 206 Lincoln St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38253

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38253

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 4
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Freiking

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days.*

Color, W.M.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation, Iron - Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 4 Broad Alley near E. Eutaw

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Marasmus

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cem.

Date of Burial, March 5

Undertaker, John Hennig

Place of Business, 352 Orleans St

J. Mathews M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38254

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38254

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4—1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Catherine Schaefer

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Forty four *Years,* *Months,* Three & six *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Lahr Baden - Germany

Duration of Residence in the City of Baltimore, about - Forty Years

Place of Death, { Give street and number } 249 Mulberry St

Cause of Death, First, (Primary,) Phlegmasia Dolens

Second, (Immediate,) Exhaustion

Duration of last Sickness, about - Three Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 6th 1880

J. J. L. Ruden M. D.
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38255

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38255

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Dunn

~~*Sex,*~~ *Male or Female,* {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Shoe Cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Down Ireland

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number} 111 Greenmount Ave

Cause of Death First, (Primary.)

Second, (Immediate.) Congestion of Lungs

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cath. Green Cemetery

Date of Burial, March 31st 1880

Silas M Hemler M. D.
Medical Attendant.

Undertaker, P. Byrne

Place of Business, 62 N. Front St

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38256

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38256

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 4 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara Dosler

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 83 *Years,* 11 *Months,* 22 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 32 W. McElderry St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Senile Decay

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 5th 1880

Undertaker, Fry & Bro

Place of Business, Broadway

James A. Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. A. Steuart

[OVER.]

No. 38257

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frances Ann 2nd W. Baker Parents

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, —— *Years,* — *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 182 West St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Inspanfich Closure of Jaw Oral & Heart

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 5th 1880

Undertaker, Charles Koelker

Place of Business, Sharp & Lees Sts

H. Howard Carter M. D.
Medical Attendant.

Address, 246 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38208

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Andrew McLaughlin

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Marshall St. S. of Pandell.

Cause of Death {First, (Primary,)

{Second, (Immediate,) Scarlatina

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, March 4th 1880

R. J. N. Tall M. D.
Medical Attendant.

Undertaker, Jos. B. Cook

Place of Business, No 707 N. Baltimore Street

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38259

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Barber

Sex, ~~*Male*~~ *Female,* {cross out the word not required in this line.} Female

Age, ... *Years,* one *Months,* five *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 117 Hughes St

Cause of Death { First, (Primary,) Convulsions
, { Second, (Immediate,) Chronic catarrh

Duration of last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5th

{ *Undertaker,* John H. Owens
{ *Place of Business,* 225 E Eutaw

L. D. Byers M. D.
Medical Attendant.

Address, 146 Hill St

L. D. BYERS M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 38260

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38260

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4. 1880,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph P. Reis,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 20 *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Frostburg Md.

Duration of Residence in the City of Baltimore, Twenty-three months

Place of Death, {Give street and number} 29 S. Wolf St.

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,) Asphyxia

Duration of last Sickness, four days,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 7th 80

Undertaker, Wm. Keane

Place of Business, 250 Canton ave.

G. Glanville Rucks M. D.
Medical Attendant.

Address, Balt. & Wash. Pts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38261

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3d March. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank G. Connor. Jr.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, (3.) Three. *Years,* 2 Months. *Months,* *Days.*

Color, White.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 146. E. Eyan Street.

Cause of Death, First, (Primary,) Diphtheria.

Second, (Immediate,) Toxaemia - from Diphtheria.

Duration of last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 5th 1880

Undertaker, Hy W. Mears

Place of Business, 46 N. Gay St

W C Van Bibber M. D.
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38262

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Conway

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 M *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Easton Maryland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number} No. 1 Lester's Court

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Three months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5

Undertaker, Hercules Ross

Place of Business, 25 Donnavay St

R. F. Phillips M. D.
Medical Attendant.

Address, 319 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38263

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

Date of Death, March 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Finney

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, about 53 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Sawyer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} # 148 York St.

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Lot Miller's

Date of Burial, ~~Tuesday~~, March 5

Undertaker, Hercules Ross

Place of Business, 96 Conway St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 38264

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reinhard Stortz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 30 *Years,* 5 *Months,* 13. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Newspaper Carrier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and number} No 97 W. Eldersly St

Cause of Death, First, (Primary) Pleuritis & Effusion

Second, (Immediate,) Syncope (Asthenia)

Duration of last Sickness, Four (4) hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 6th

Undertaker, Jacob Hagemann

Place of Business, 13 E. Eden St

J. W. Edwards
Medical Attendant.

Address, 16 E. Eager Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38265

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Johnson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number} 137 Sarah Ann St

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Hope Cemetery

Date of Burial, March 7 1880

W. H. Aulsin M. D.
Medical Attendant.

Undertaker, Peter Kumm

Place of Business, 317 Madison St *Address,* 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38266

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June January 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} South Italy

Duration of Residence in the City of Baltimore; Since birth 13 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 6. 1880

Charles Brown M. D.
Medical Attendant.

Undertaker, J. Bernard Carr

Place of Business, 156 Division St. *Address,* 68 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 21

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Campbell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Flour Packer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 105 McCulloh st

Cause of Death, First, (Primary,) apoplexy

Second, (Immediate,) Coma

Duration of last Sickness, 62 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 5th 1880

E Winslow M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Charles Taylor

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, ~~Years~~, ~~Months~~, 12 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {~~State or country, (and how long in the United States, if of foreign birth).~~} No 117 Lancaster St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 117 Lancaster St.

Cause of Death { First, (Primary,) Trismus Nascentium

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 5th 1880

Undertaker, John Brown

Place of Business,

Thomas D. Evans M. D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 52

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Catherine Gedang.

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Wife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, { Give street and number } 13 Aisquith St

Cause of Death { First, (Primary,) Phthysis Pulmonalis.
{ Second, (Immediate,) do

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 7th 1880

Undertaker, Chas. A. Bartell

Place of Business, 214 W. Baltimore St.

G. A. Dobmeier M. D.
Medical Attendant.

Address, # 86 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

Date of Death, March 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charity Palmer.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 638 N. Fayette St.

Cause of Death, First, (Primary,) Old age —

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, March 8th 1880

Undertaker, Denny & Mitchell

Place of Business, 660 W Fayette St *Address,* 75 E Baltimore St

J. M. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

C 3827 / No. 31

the Remarks Below, and to List of Diseases on Back of this Certificate.

..., City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...llness is responsible for the presentation of this Certificate, *accurately filled* ...g the burial, within *twenty-four hours* after the death of said deceased, or ...w.

...AL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

...TIFICATE OF DEATH.

March 4th 1880

{Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Kenzinger

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number} House of the Good Shepherd

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 2 years —

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, March 5th 1880

Edwd F. Mulholland M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W Balto *Address,* 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38272

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa M. Keen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* 27 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 487 Saratoga street

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alysonius Cem.

Date of Burial, March 7th 1880

Undertaker, A. Köhler

Place of Business, 214 E. Lombard

John J Litzer M. D.
Medical Attendant.

Address, 160 Saratoga ste.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

Date of Death, March 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hundt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, all his Life

Place of Death, {Give street and number} 416 S. Exeter. Str

Cause of Death First, (Primary,) Diptheria —

Second, (Immediate,) " Suffocation —

Duration of last Sickness, One day —

All the above information should be furnished by the Physician.

Place of Burial, Ft. Aloysius Line

Date of Burial, March 6th 1880

Undertaker, H. Kohler

Place of Business, 244 E. Lombard St

G. A. Dohme, M. D.
Medical Attendant.

Address, 86 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3827[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Crozier Edmonston

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~[illegible]~~ *Years,* 1 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~[illegible]~~

Occupation, ~~[illegible]~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} #431 E. Eager St.

Cause of Death, First, (Primary.) Inflammation of Bowels

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 6th 1880

Undertaker, Chas T Scriven

Place of Business, 270 N Eutaw St

Geo. A. Hartman M. D.
Medical Attendant.

Address, #305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 382

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38275

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Wilmore

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 36 Foster al

Cause of Death { First, (Primary,) Died suddenly in spasms
Second, (Immediate,) (No medical attendance)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5 1880

Undertaker, S M Chase

Place of Business, No 198 Howard st

R Winslow M. D.
~~Medical Attendant.~~

Address, 201 W. Biddle St

V

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Monroe

~~*Sex, Male*~~ *or* ~~*Female*~~, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 196 Henrietta st.

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5 1880

Undertaker, B W Chase

Place of Business, No 198 Howard st

L. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 38277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Moore

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Light Brown

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6 Chestnut Alley

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,) Asthenia

Duration of last Sickness, 2 Months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7 1880

Undertaker, S. H. Grace

Place of Business, No 195 Howard

John Dicken M. D.
Medical Attendant.

Address, 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 382[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

Date of Death, March 5 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Frank Morison Murphy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or~~ ~~Widower~~, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow or Widower~~

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 116 N Schroder St

Cause of Death, First, (Primary) ____ Second, (Immediate) Capillar Bronchitis

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 6 1880

Undertaker, F. F. Mansuth

Place of Business, Saratoga

J. Shelton Hill M. D.
Medical Attendant.

Address, 437 W Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ferdinand Emmanuel Arabel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 11 *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 67 Division St

Cause of Death, { First (Primary,) Cerebro Spinal Meningitis / Second (Immediate,) .....

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Mar 8th 1880

G H Adams M. D.
Medical Attendant.

{ *Undertaker,* Joseph F Byrne / *Place of Business,* 59 N Liberty } *Address* 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38280

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Moore

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 393 S. Ann St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Laryngitis

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 7th 1880

Undertaker, Hey W. Mears

Place of Business, 45 N Gay St

W. W. Smith, M. D.
Medical Attendant.

Address, 321 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 38281

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1890 BALTIMORE

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Bea

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Twenty-three *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Easton Md

Duration of Residence in the City of Baltimore, about Ten years

Place of Death, {Give street and number} 10 Leadenhall st

Cause of Death { First, (Primary,) Consumption / Second, (Immediate,) Exhaustion

Duration of last Sickness, Nearly two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Julius Wall M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 38284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th March 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed. Sulm

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} (No number) L. Montgomery betw Chas & Ham

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6

Undertaker, Hercules Ross

Place of Business, 95 Conway St

H. W. Webster M. D.
Medical Attendant.

Address, 97 Barre 6

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ba

Board of Health, City of Baltimore,

Permit No. 38283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Eliza Lewis

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 1 y 9 mos

Place of Death, {Give street and number.} 70 Raborg St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Phthis Pulmonalis

Duration of Last Sickness, 2 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6

Undertaker, Hercules Ross

Place of Business, 95 Conway St

L. A. Gilles M.D.

Medical Attendant.

Address. 153 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No: 38284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMOR[illegible]

CERTIFICATE OF DEATH.

Date of Death, March 3 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Pierce

Sex, Male or ~~Female,~~ {cross out the word not required in this line.} Male

Age, 27 *Years,* — *Months,* ..... *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 66 S. Carrollton Ave

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) "

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 7

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore *Address,* 581 Lexington St

Thos Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances V. Lisk

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 Years 6 mos

Place of Death, {Give street and number} 120 Hollins St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Cemetery

Date of Burial, March 7

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

D. L. Shriver *M. D.*
Medical Attendant.

Address, 379 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 38280

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Mc Carthy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 30 years in U S

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} City Hospital Res Calvert opp Marlboro

Cause of Death, First, (Primary,) Accidental Fall

Second, (Immediate,) Cerebral Hemorrhage

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, March 8/1880

Undertaker, Jas P Byrne

Place of Business, 63 Front

Edwin F Walker M. D.
~~Medical Attendant~~

Address, Comm Mo D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

Permit No. 38287

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie C Wolf.

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. } Female

Age, 4 *Years,* 9 *Months,* 26 *Days.*

Color, White

~~Married~~ *Single,* ~~Widow or Widower,~~ { Cross out the word not required in this line. }

~~Occupation~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 53 Patterson Park Ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 6th 1880

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38288 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

Date of Death, March 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Rupp

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* 3 *Months,* 25 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 257 Saratoga st

Cause of Death, {First (Primary,) Age with suppressed action of Kidneys Anuria

{Second (Immediate,) Dropsy

Duration of Last Sickness, three to four months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, March 7th 1880

E Goverlock M. D.
Medical Attendant.

Undertaker, Henry Meyer

Place of Business, 186 N. Howard Street, *Address* 289 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

No.

Board of Health, City of Baltimore,

Permit No. 38489

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 33 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Oysterman probably

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} Found floating at foot of Fales Avenue

Cause of Death First, (Primary,) Accidental

Second, (Immediate,) Drowning (jury verdict)

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, March 6th 1880

Undertaker, P Mullin

Place of Business, P Park Ave

Edmund Kvalke M. D.
~~Medical Attendant.~~

Address, Corner N & P St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. c

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 38290

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Schmidt

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 349 Central ave

Cause of Death { First, (Primary,) Convulsions

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Comtry

Date of Burial, March 7, 1880

Undertaker, Henry Meek

Place of Business, 369 Central Ave

F A Warne M. D.
Medical Attendant.

Address, 256 N Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 38291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Camilia Cage

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* three *Months,* *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 711 S. Gilmore st

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) Bronchial Pneumonia

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6-80

[illegible] M. D.

Medical Attendant.

Undertaker, Denny Whitehall

Place of Business, 55 W Fayette St

Address, 55 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38294 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Willis Johnston.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 5 Walker's Ct.

Cause of Death, First (Primary,) .....

Second (Immediate,) Inanition.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sawal Cemetary

Date of Burial, Mch. 6. 1880

Undertaker, Charles A White

Place of Business, 35 Granby. st.

L. C. Gordon, M. D.
Medical Attendant.

Address 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 38293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

Date of Death, March 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Morison

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 59 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Ships Joiner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 31 S. Ann

Cause of Death First, (Primary,) Spinal Paralysis,

Second, (Immediate,) Asthenia,

Duration of last Sickness, 15 years

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Philpot Road

Date of Burial, March 8th 1880

Undertaker, Denny & Mitchell

Place of Business, 68 S Broadway

Jno. S. Synek M. D.
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 38294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday · March 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Zell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Maried

Occupation, -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 5 Fremont St

Cause of Death {First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, Six Months.

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 9th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Wilmer Prentice M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38295

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Gardner

Sex, Male or Female, {Cross out the words not required in this line.} F

Age, × *Years,* × *Months,* 20 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 23 Greenmount Ave.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, March 6th, 1880

Undertaker, Thos. H. Hickman

Place of Business, 234 N. Gay St

H. T. Reynolds M.D.

Medical Attendant.

Address, 186 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 38296

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora Connolly

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 12 Front St

Cause of Death { First, (Primary,) Menstrual Obstruction / Second, (Immediate,) Debility

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, ~~Holy Cross~~ Greenmount cemetery

Date of Burial, March 7th 1880

Undertaker, James F Byrne

Place of Business, No 63 N Front St

Chas A Doran M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

Date of Death, March 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Cohee

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 77 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot County Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 48. N. Front St.

Cause of Death First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents cemetery

Date of Burial, March 7 1880

Undertaker, James P Byrne

Place of Business, No 63 N Front St

P. G. Daniel *M. D.*
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 38298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 3rd 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles N. Shaffer.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 5 Years, 6 Months, 24 Days

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Contractor.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore County.

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, {Give street and number.} 160 Columbia Avenue,

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)} 16 Months.

Duration of Last Sickness, 16 Months.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 7th 1880

Undertaker, John J Mercer

Place of Business, Park & Ingill Sts

Jno. J. R. Kirby M.D.

Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 38299

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Pumphrey

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 88 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give street and number} 119 Lee St

Cause of Death {First, (Primary,) Old age / Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, March 7th 1880

Geo. H. Benson M. D.
Medical Attendant.

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw

Address, 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 38309

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Hoddinott

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3, ~~[illegible]~~ *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 180½ Hasper Ave

Cause of Death { First, (Primary,) Tuberculosis
Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 6th

Undertaker, Geo Schilling

Place of Business, Ashland & Lynn Avs

P L Williams M. D.
for Dr Whitridge
Medical Attendant.

Address, 1911 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Farber

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 4 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltd. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 164 S. Chapel St.

Cause of Death { First, (Primary,) Pneumonia

, { Second, (Immediate,) Convulsions

Duration of last Sickness, Three (3) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, March 7th

Undertaker, H. Forchlich

Place of Business, 246 Eastern Av

G. L. Wilkins M. D.
Medical Attendant.

Address, 477 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, — March 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hess —

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} — Female —

Age, 32 *Years,* *~~Months~~,* *~~Days~~.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 246 Cor Ann & Bluciana St

Cause of Death First, (Primary,) Embolism after —

Second, (Immediate,) Parturition —

Duration of last Sickness, — 5 days —

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemtry

Date of Burial, March 8th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

Thomas P. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Dear

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 213 N. Eden St

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 7th 1880

Undertaker, H. Schultheis

Place of Business, No 261 E Monument St

Jno Moore M. D.
Medical Attendant.

Address, 5 Fawn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 380

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Watkins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 1 Year *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 N. Sellers

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6th 1880

Undertaker, Wm. N. Dunger

Place of Business, No 62 East st

H. S. Burge M. D.
Medical Attendant.

Address, 206 Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH MAR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6h 10m A. M. 6th March, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip McIntyre Sr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 88 *Years,* *Months,* One *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} County Caran- Ireland

Duration of Residence in the City of Baltimore, about five years

Place of Death, {Give street and number.} 26 Baker St- Baltimore City.

Cause of Death, First (Primary,) Erysipelas - eyes & face

Second (Immediate,) " - -

Duration of Last Sickness, About 30 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, March 7th 1880

Undertaker, Joseph Byrne

Place of Business, Liberty.

Wm. J. Booth M. D.
Medical Attendant.

Address 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6 · 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caswray Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* 2 *Days.*

Color, c d

Married, Single, Widow or Widower, {Cross ont the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, his entire life

Place of Death, {Give street and number} 23 arch St

Cause of Death First, (Primary,) Lung Cold

Second, (Immediate,) Pulmonary Consumption

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8th 1880

Undertaker, Geo Saffran

Place of Business, 121 Penna Ave *Address,* 64 N Pacca

W. T. Dunnock *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited

Board of Health, City of Baltimore,

Permit No. 38307

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Allen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Fifty-eight Years, ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} State of New Jersey

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number} 146 Pierce Street

Cause of Death { First, (Primary,) ——— Epilepsy
Second, (Immediate,) ——— two months

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 8th 1880

Undertaker, Andrew Leitz

Place of Business, 118 David Hall Av

W S Bowie M. D.
Medical Attendant.

Address, North Western Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeannat R. Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 4 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number} Riverside & Baltimore city

Cause of Death { First, (Primary,) Trismus Nascentium
Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, March 8th 1880

R. H. T. Ellis *M. D.*
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 309 N. Central Ave *Address,* 315 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 7 1880 BALTIMORE

Date of Death, March 6 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C Musselman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 56 *Years,* 6 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lancaster Pa

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number} 167 Druid Hill av

Cause of Death, First, (Primary,) Carcinoma of Parotid gland

Second, (Immediate,) Pressure upon vessels [redacted] asphyxy

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, March 8th 1880

E Winslow M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 ½ Gay St *Address,* 23 McCulloh Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3831/0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Hathaway

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, *Years,* *Months,* Jad 0 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 112 Mulberry St

Cause of Death, {First (Primary,) Premature Birth. Three to four weeks before term

Second (Immediate,) want of Vitality. Fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, March 7th 1880

{*Undertaker,* Wm Weaver

Place of Business, No 202 N. Eutaw St

W Tyson M.D.
Medical Attendant.

Address, 205 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} T. L. & Clara Speight

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ——— *Years,* ——— *Months,* 10 Minutes *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 250 N. Bond Street

Duration of Residence in the City of Baltimore, Life time of Parents

Place of Death, {Give street and number} 250 N. Bond Street

Cause of Death First, (Primary,) Insufficient Vitality from Premature Birth

Second, (Immediate,) Congenital Causes

Duration of last Sickness, About 10 Minutes

All the above information should be furnished by the Physician.

The above I attended as Midwife & saw in articulo

Place of Burial, Green Mount

Date of Burial, March 7th 1880

Undertaker, Wm Frey & Bro

Place of Business, Broadway

Sophia [illegible] M. D.
Medical Attendant.

Address, 16 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Hohmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* 9 *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 41 Wyeth st

Cause of Death { First, (Primary,) Sudden death probably Heart-clot
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetary

Date of Burial, March 8 1880

Undertaker, Andrew Knell

Place of Business, 206 Columbia Ave

C. L. Buddenhagen M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 38313

MAR 8 1880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Avis Gosnell

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line,}

Age, *Years,* Seven *Months,* Seven *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 125 Preston St

Cause of Death, {First (Primary,) Laryngismus Stridulus

Second (Immediate,) Pneumonia

Duration of Last Sickness, Sixteen or Seventeen days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet, Cem

Date of Burial, March 8th 1880

{*Undertaker,* Chas T. Scriven

Place of Business, 271 N. Eutaw

Elias C Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 96

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAR 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Kern

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 131 Thames St.

Cause of Death, First, (Primary,) Croup.

Second, (Immediate,)

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Second St Paul Cem'y

Date of Burial, March 1880

Undertaker, John C. Schuh

Place of Business, 265 Aliceanna

A. Van Gouwiler, a.m. M. D.
Medical Attendant.

Address, 257 Eastern Ave near Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

MAR 1880 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Pentaneh Wernetta

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 1/2 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Street Paver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 1/2 Years

Place of Death, {Give street and number.} near Hereford avenue

Cause of Death, First (Primary,) Pulmonary Hemmorrhage

Second (Immediate,) —

Duration of Last Sickness, about 15 minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ct.

Date of Burial, March 9th 1880

A A Clewell M. D.
Medical Attendant.

Undertaker, Henry Hoark

Place of Business, 369 N. Central Ave Address 55 Hereford ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hemling

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} 33 Burrough st

Cause of Death First, (Primary,) Croup Membranous

Second, (Immediate,) Apnoea & Exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, H. Patrick

Date of Burial, March 8th

Undertaker, B. Hark

Place of Business, [illegible]

R. J. S. P. Ellis, M. D.
Medical Attendant.

Address, 315 Lightst

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Black~~ Gentrude Johnson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 22. *Years,* 6 *Months,* 26 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Chamber maid

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 87 Plum alley

Cause of Death, { First, (Primary.) ; Second, (Immediate.) } Phthisis

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8

Undertaker, Hercules Boss

Place of Business, 95 Conway St

Andrew Cook, M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ANY & CO. CITY PRINTERS AND STATIONERS. [07...]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony DeShields

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* Two *Months,* Seven *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 282 Hamburg St

Cause of Death { First, (Primary,) Catarrh
Second, (Immediate,) Pneumonia

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8

Undertaker, Hercules Ross

Place of Business, 96 Conway St

T. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

T. D. DYER M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis D. Williamson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 8 *Days.*

Color, White.

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 3 Trinity St.

Cause of Death { First, (Primary,) Scarlet Fever
Second, (Immediate,)

Duration of last Sickness, 4 days.

All the above Information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, Mar 8th 1880

Undertaker, Las P Byrne

Place of Business, 63 Front St

J. W. Novick M. D.
Medical Attendant.

Address, 705 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 38320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno (other name unknown)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 40 ? *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany or Sweden

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} Found foot of Calvert St March 7th 1880

Cause of Death First, (Primary,) Accidentally

Second, (Immediate,) Drowning

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E P cemetery

Date of Burial, March 8th 1880

Undertaker, P Mulloy

Place of Business, P. Park Av

Edmund R Walker M. D.

~~Medical Attendant.~~

Address, Coroner M D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Revel

Sex, Male or Female, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} Belvidere Nursery

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) 1 week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 1880

Undertaker, Mathias Logan

Place of Business, 227 Mulberry St

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th, 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lis Hofmann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 53 *Years,* 11 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, She-maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 65 Union St.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Alms House

Date of Burial, March 9th

Jno B Rich M. D.
Medical Attendant.

Undertaker, C. C. Henschel

Place of Business, 48 Penn. Ave. *Address,* 167 Bush Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hergesheimer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 17 *Years,* 1 *Months,* 2 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Deputy Warden Jail

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cor Thames Caroline & Block

Cause of Death, First, (Primary,) Pleuro pneumonia & Chronic Bronchitis

Second, (Immediate,) Embolism

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 8. 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Geo Behrmann M. D.
Medical Attendant.

Address 42 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7. 89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Shepard

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.} Female

Age, 29 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower;~~ {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chester town

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 55 Chestnut alley

Cause of Death, First, (Primary.) Tuberculosis (Phthisis

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel town

Date of Burial, March 10 89

Undertaker, Theodore Foley

Place of Business, 73 Jefferson

W F A Kemp M. D.
Medical Attendant.

Address, 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Hinson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, X *Years,* 19 *Months,* X *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number} S. Bethel St near Gough St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Probably Abnvea

Duration of last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9 1880

Undertaker, Theodore Locke

Place of Business, 73 Jefferson St

B. F. Leonard M. D.
Medical Attendant.

Address, 26 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 March 1890

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Clark

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* — *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Atlantic City N. Jersey

Duration of Residence in the City of Baltimore, 4 days

Place of Death, { Give street and number } 16 North Mount St

Cause of Death, First, (Primary.) Exhaustion of Lungs

Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 7th 1890

Undertaker, Jos. B. Cook

Place of Business, No 707 W. Baltimore Street

C. E. Davis M. D.
Medical Attendant.

Address, 5 E Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 85.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Filz

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 8 *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 295 Hanover St.

Cause of Death, { First, (Primary,) Acute Rheumatism / Second, (Immediate,) Typhoid fever

Duration of last Sickness, 39 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Md.

Date of Burial, Feb 9th

Undertaker, H. Brice

Place of Business, Hanover St. 51

Louis L. Horn M. D.
Medical Attendant.

Address, 226 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1696 Fawcett

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Dunnan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married, Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Student

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} P. G. County Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 4 Carlton Street

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,) .....

Duration of last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 9th 1880

{Undertaker, Wm N. Dunges

{Place of Business, No 62 East st

Chas W. Wolf M. D.
Medical Attendant.

Address, 206 N. Haywood St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 38329

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Illingworth

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 109 North Dallis St

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 109 North Dallis

Cause of Death {First, (Primary,) Pulmonary Catarrh

{Second, (Immediate,)

Duration of last Sickness, about two weeks. Under by care one day

All the above information should be furnished by the Physician.

Place of Burial, Asbury M. E. Cemetery

Date of Burial, March 8th 1880

Undertaker, Wm N. Dunze

Place of Business, 462 East St

Gust Wilson M. D.
Medical Attendant.

Address, 18 Asquith Ln

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Barnicle Young

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 105 W Lyell st

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, { Give street and number } 105 W Lyell

Cause of Death { First, (Primary,) Whooping Cough / Second, (Immediate,) Pneumonia

Duration of last Sickness, first Week 2 Months 2 Weeks 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 9th 1880

Undertaker, Jos. B Coost

Place of Business, No 707 W Baltimore street *Address,* 732 W Lombard st

S Ewell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Russell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death {First, (Primary,) Old age

Second, (Immediate,) Injury to Spine from a fall

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, March 9th 1880

Undertaker, Andrews & Hodges

Place of Business, No. 46 Druid Hill Ave.

Chas Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Lorr

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 50 *Years,* 11 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Carp.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, His year

Place of Death, {Give street and number} 100 S. Clayton

Cause of Death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, March 9th 80

Undertaker, Mc Franca

Place of Business, 258 Canton ave

J. Tulbien M. D.
Medical Attendant.

Address, 245 S. Belnont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ede, Kunnuginda Freitch

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 48 *Years,* ~~Months,~~ ~~Days.~~

Color, White

~~Married, Single~~, *Widow ~~or Widower~~,* {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number} No 329 Eastern Ave Cor Washington

Cause of Death {First, (Primary,) (Cancer) of Stomach

Second, (Immediate,) — 12 Months —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, March 9th 80

Undertaker, W. Evans

Place of Business, 280 Canton Ave

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Brenner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 226 E. Pratt Street

Cause of Death, First, (Primary,) Pseudo Membranous Laryngitis

Second, (Immediate,)

Duration of last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem

Date of Burial, March 9th

Undertaker, H Frechlich

Place of Business, 246 Eastern Av

Jmes E. Emmett M. D.
Medical Attendant.

Address, 199 E Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 38335

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 9 1880 BALTIMORE

Date of Death, March 7, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. H. Wilhelm

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* ~~4~~ *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Chapple St near Cager.

Cause of Death {First, (Primary,) Meningitis

{Second, (Immediate,) Exhaustion

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 9th 1880

Undertaker, H. Hoeck

Place of Business, 11 Centre

G. A. Rusk M. D.
Medical Attendant.

Address, 1 Balt. & Frank.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Harriet A L Adams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* *Days.*

Color, Colored *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 140 Chesnut st

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Green

Date of Burial, March 9th 1880

J. Shu Pennington M. D.
Medical Attendant.

Undertaker, Shei Socks

Place of Business, 13 Jefferson st Address 98 N Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 38337

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6. 1900

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Emerson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, about 34 *Years,* *Months,* *Days.*

Color, Negro

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 25 S. Carolina Street

Cause of Death { First, (Primary,) Albuminuria
Second, (Immediate,) Pericardiac effusion

Duration of last Sickness, Unknown - Hubinger says but 6 days in Attendance

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Mar 9th 1900

Undertaker, Theo J Focke

Place of Business, 135 Eastern Ave

Marburg Brothers M. D.
Medical Attendant.

Address, 6 & N. Calvert Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Bowie Beer

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 2 *Years,* 6 *Months,* 22 *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 210 N. Fremont

Cause of Death, First, (Primary,) Bilateral Pneumonia

Second, (Immediate,) Miliar Tuberculosis pulmonis & cerebr

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 10th 1880

Undertaker, John Wacker

Place of Business, 150 Camden

Henry Salzer M. D.
Medical Attendant.

Address, 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wolburg

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 30 Baltimore St

Cause of Death, {First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cem'y *Medical Attendant.* Theodore Lentz M. D.

Date of Burial, March 10 1880

Undertaker, B. Hoarle *Address,* 116 Hanover St

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Augusta Aldson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 4 Years, 2 Months, 28 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Washington City

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number.} 179 E. Monument St.

Cause of Death, {First (Primary,) Scarlatina anginose

Second (Immediate,) Asphyxia [redacted]

Duration of Last Sickness, 1 day-

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 10th

{Undertaker, Eca Schilling

Place of Business, Ashland Square

Irving Miller M. D.
Medical Attendant.

Address 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Kliiter

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ one Days.

Color, White

Occupation, ~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 256 Nicoamus st

Cause of Death, First, (Primary.) Unknown

Second, (Immediate.) 24 Hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 9th 1880

Undertaker, John C. Schuh

Place of Business, 265 Nicoamus st.

Thomas B. Evans M. D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 38342

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ... 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} .....

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, Mar 9.

Undertaker, Theodore J. Locke

Place of Business, 73 Jefferson st

..... *M. D.*
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Robinson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 77 Little Montgomery st.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Gastritis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Shark's Cemetery

Date of Burial, March 9 1880

Undertaker, S. W. Chase

Place of Business, 161 & Howard st

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Hea[illegible]th, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38345

The Physician who attended any person in a last ill[illegible]ess is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending [illegible]e burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN B[illegible] OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1880 BALTIMORE

CERTIFIC[illegible]ATE OF DEATH.

Date of Death, 8th March 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Mathilda Metzen

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 10 *Months,* 26 *Days.*

Color, white *Sex,* female

Married, Single, Widow or Widower, {Cross out the wor[illegible] not required in tha[illegible]e.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 837 W Baltimore St.

Cause of Death, First (Primary,) Dys[illegible]theritis croup.

Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Phy[illegible]ician.

Place of Burial, Union Cemetery

Date of Burial, Wednesday March 10th 1880

Undertaker, Conrad Lurz

Place of Business, 16 & 18 Light St

Edw Waltmann M. D.
Medical Attendant.

Address 120 Saul St

Extract from Regulations of the Bo[illegible]rd of Health to secure a full and correct record of Vital Stati[illegible]stics in the City of Baltimore.

SECTION 2. And it be further enacted and ordai[illegible]ned, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her la[illegible]st sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the U[illegible]ndertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in [illegible]cases of births and deaths of illegitimate children.

[OVER.

No. 3832

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Bowdin

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Potter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Lunch & Lime, Lafayette & Broadway

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) —

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, March 9. 1880

Undertaker, William M Dwyer

Place of Business, 62 East St

J. J. Chew M. D.
Medical Attendant.

Address, Lunch & Lime 3 Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 2 *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 2 months 2 days

Place of Death, {Give street and number} 221 N Dennison St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asphyxia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9th 1880

Undertaker, Wm. N. Dunger

Place of Business, No 62 East St

Geo. Hayes *M. D.*
Medical Attendant.

Address, 210 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [redacted] k of this C[redacted]

Board of Health, City of Baltim[redacted]re,

OFFICE OF REGISTRAR OF V[redacted] STATISTICS.

Permit No. 38348

The Physician who attended any person in a last illness is responsible for the presentation of this C[redacted]ficate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the dea[redacted] f said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certific[redacted].

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Kuhn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, tinner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 311 Canton Av

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, March 10th 1880

Undertaker, H M Gehmeyer

Place of Business, 341 Canton Ave

John J. [redacted]tzen M. D.
Medical Attendant.

Address, 160 Sar[redacted] Toga Ste.

record of

Extract from Regulations of the Board of Health to secure a full and cor[redacted]
Vital Statistics in the City of Baltimore

[redacted]id city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case [redacted]s under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending [redacted]burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether mar[redacted] or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate [redacted]ren.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in th[redacted]

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Frederick Troth

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 224 N. Dallas St

Cause of Death, { First, (Primary,) } Membranous Croup.
{ Second, (Immediate,) }

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 11

Undertaker, John P. Paulaus

Place of Business, 66 Frederick *Address,* 582 W. Fayette st

Wm. McClean M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Howell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 44 *Years,* ——— *Months,* ——— *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cabinet maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Columbia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 300 Hubbery St

Cause of Death, First, (Primary,) Chronic Parenchymatous Nephritis

Second, (Immediate,) Uraemia

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 11th

Undertaker, Adam Fink

Place of Business, 461 N. Gay *Address,* E. O. Eager Cor Lee & Eutaw

I W Slow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schuhmacher

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 17 *Years,* 8 *Months,* ____ *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} N 148 E. Greene St

Cause of Death, First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) General Cachexia

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 10th

Henry Salzer M. D.
Medical Attendant.

Undertaker, F. N. Tall

Place of Business, #131 Hanover *Address,* 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria E. Peter

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 69 *Years,* 1 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 381 Druid Hill Ave

Cause of Death, First, (Primary,) Nervous Prostration

Second, (Immediate,) General Debility

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 10th 1880

C. Winslow M. D.
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 228 Madison Ave

Address, 223 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10 — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Eugenia Degerman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* Three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 257 Aisquith St Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 237 Angelica st

Cause of Death, First, (Primary.) Defective Heart

Second, (Immediate,) ____

Duration of last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 11th 1880

D. L. Green M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave *Address,* 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Gillin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} F

Age, 16 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 152 N. Broadway

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cem

Date of Burial, 10th of March

Undertaker, Fred Goode

Place of Business, 29 Lexington

K. W. Mansfield M. D.
Medical Attendant.

Address, 117 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE

Date of Death, March 9th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Pulaski

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One (1) *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 61 Warren Ave

Cause of Death First, (Primary,) Diphtheria &

Second, (Immediate,) Croup

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphus Cemetery

Date of Burial, March 10th

Undertaker, Henry Brice

Place of Business, Henrietta St 81

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa May Jones

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 732 W Lombard St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Franklintown Baltimore county

Date of Burial, March 10th 1880

James Bosley M. D.
Medical Attendant.

Undertaker, Jos. B Cook

Place of Business, No 707 E Baltimore street *Address,* 319 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38357

The Physician who attended any person in a last illiness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE

Date of Death, March 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Clarence Lannigan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 17 *Days.*

Color, ... *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore and

Duration of Residence in the City of Baltimore, 7 Yrs 17 days

Place of Death, {Give street and number.} 526 N Eutaw St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Effusion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Wm D H Lannigan M. D.

Date of Burial, March 11th 1880 Medical Attendant.

Undertaker, Jos. S. Cook

Place of Business, No 707 N Baltimore Address No 763 N Paca St

Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. #38358

Date of Death, March 9th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Henry Mosmann

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Wagoner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Fifty years.

Place of Death, {Give street and number} 211 S. Bond St.

Cause of Death {First, (Primary.) Typhoid fever. / Second, (Immediate,)

Duration of last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 11th

Undertaker, W. Dippel

Place of Business, S. Bond st. 151

Aug. H. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Charles H. Tumbleson~~ March 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Tumbleson

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} married

Occupation, Paper Hanger

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number} 84 S. Broadway

Cause of Death First, (Primary,) Inflammatory Phthisis

Second, (Immediate,) asthenia

Duration of last Sickness, 2 years 10 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, March 11th 1880

Jno. S. Lynch M. D.
Medical Attendant.

Undertaker, Jos. S. Boak

Place of Business, N. W. cor. Federal & Wolfe Street, *Address,* 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wolf Freedbaugh

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number} 22 S. Paca St

Cause of Death First, (Primary.) Kidney Disease

Second, (Immediate,) Uraemia

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, March 11th

Undertaker, William Eilers

Place of Business, Gough St Near Balto

T. A. B. Arnold M. D.
Medical Attendant.

Address, 7 S. Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Kenner

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 74 Hamburg st

Cause of Death, First, (Primary,) [redacted] Scarlatina

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Comet

Date of Burial, Mar 11

Undertaker, [illegible]

Place of Business, [illegible]

Thos Corbett M. D.
Medical Attendant.

Address, 146 Hamburg st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Scott

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death First, (Primary,) Ozena

Second, (Immediate,) Consumption

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 11th 1880

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

Chas Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Mason

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 32 *Years,* 32 ~~*Months,*~~ ~~*Days.*~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} DC

Duration of Residence in the City of Baltimore, Three weeks

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) Albuminuria

Second, (Immediate,)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Wes. Pub. Cemetery

Date of Burial, Mar 10/80

Undertaker, Fred. Kershaw

Place of Business, 505 S. Carrollton Ave. *Address,* Balto Infirmary

WEST *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Tippett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 32 Warren St

Cause of Death, First, (Primary.) Pneumonia Croup

Second, (Immediate,) Convulsions

Duration of last Sickness, (18) 18 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March

Undertaker, W. J. Latimer

Place of Business, 63 S. Eutaw

O. L. Williams M. D.
Medical Attendant.

Address, 211 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th. March 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Margaretha Leibig

Sex, Male or Female, {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Landersdorf, Bavaria, Germany.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} N. Amstrect 78

Cause of Death, First, (Primary,) Pneumonia Typhosa

Second, (Immediate,) Paralysis Pulmonum

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Chr.

Date of Burial, March 11th 80

Undertaker, Wm. Boyce

Place of Business, 220 Gaston Ave.

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe st. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial; within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Griesmer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 11 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 11 mo 2 da

Place of Death, {Give street and number} 43 [illegible] So. Chapel St.

Cause of Death, First, (Primary,) Diphtheritic Croup.

Second, (Immediate,)

Duration of last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, March 12th 80

A. Van Gorneiles M. D.
Medical Attendant.

Undertaker, Mr. Frazer

Place of Business, 280 Canton Ave

Address, 254 Eastern Ave near Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38367

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thalheimer Sr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 80 *Years,* 7 *Months,* 19 *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Bavaria

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 232 E. Cafar St.

Cause of Death, First (Primary,) Senility ~~of~~

Second (Immediate,) Exhaustion

Duration of Last Sickness, 4 months & 15 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 10th 1880

Undertaker, B. Hoale

Place of Business,

Irving Miller M. D.
Medical Attendant.

Address 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Th...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAR 10 1880

Permit No. 38368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Geisler

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 53 *Years,* 11 *Months,* 20 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 29 years

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 213 Cross St

Cause of Death, First, (Primary,)

Second, (Immediate,) Disease of Heart

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Schwatka Cem.

Date of Burial, March 11 1880

Thos. H. Stevens M. D.
Medical Attendant

Undertaker, H. Boyle

Place of Business, 81 Hanover *Address,* Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. McShane

No. [illegible]

...ysicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

11

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT MAR 10 1880 BALTIMORE

Permit No. 38369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Dena Balmer

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Governess

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, {Give street and number} N.E. Cor St Paul & Reed

Cause of Death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) .....

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cy

Date of Burial, Mch 10/

Undertaker, Stewart & Mowerd

Place of Business, 35 Park Av

Thos Shearer M. D.
per A. S. Tuges. M.D. Medical Attendant.

Address, 97 N. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Hunkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 7 *Months,* 12 *Days.*

Color, col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3 Jordan alley

Cause of Death, {First (Primary,) Diptheria

{Second (Immediate,)

Duration of Last Sickness, about 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cem

Date of Burial, March 11th/80

J. R. Page *M. D.*
Medical Attendant.

{*Undertaker,* J J Socks -
{*Place of Business,* 73 Jefferson st *Address* 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Robinson

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* ——— *Months,* ——— *Days.*

Color, Bright Mulatto

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} Married

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 277 West Biddle Street

Cause of Death, {First (Primary,) Cancer of the Uterus
Second (Immediate,)

Duration of Last Sickness, Three (3) Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 11 1880

Undertaker, John C Jenkins

Place of Business, No 65 St Paul

T. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarie Hoxie Hathaway

~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, About 30 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} 112 Mulberry St

Cause of Death, {First (Primary,) Parturition / Second (Immediate,) Puerperal Fever

Duration of Last Sickness, 14 days

All the above Information should be furnished by the Physician.

Place of Burial, Leipsic N. Y

Date of Burial, March 11th 1880

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

W. F. Ross M.D.
Medical Attendant.

Address, 205 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Blake

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 70 *~~Months,~~* ..... *~~Days.~~*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Acute Bronchitis
Second, (Immediate,) /

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 11th 1880

{ *Undertaker,* H. Levi Solomon
Place of Business, 109 N. Frederick

West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 8. 1880

Full Names of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Edward Carter

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hostler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number} 82 Stirling St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Consumption

Duration of last Sickness, nearly a year

All the above Information should be furnished by the Physician.

I saw the young man but once.

Place of Burial, Loudon Cemetary

Date of Burial, March 11th

G. W. Wayson *M. D.*
Medical Attendant.

Undertaker, Charles T. Hall

Place of Business, 35 Granby St. *Address,* 18 Disquit St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Instructions on the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Schaeffer

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 14 *Years,* *Months,* 11 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14 years 11 days

Place of Death, {Give street and number} No 94 Granby St

Cause of Death { First, (Primary,) Murbus Brightii
Second, (Immediate,)

Duration of last Sickness, 8 months sick for years

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cem

Date of Burial, March 12/80

Undertaker, J. D. Rose

Place of Business, 94 Granby St

A. M. Ph. Parette M. D.
Dr. Arnold, Dr. Reinhardt
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Leuhard

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 18 hours ~~Months~~ ~~Days~~

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 706 Gorman St

Cause of Death, First, (Primary,) Premature birth of Mouth

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 11th 1880

Undertaker, P. Kunnert

Place of Business, Mulberry St

S. N. Nelson M. D.
Medical Attendant.

Address, 660 Eager corner Lime Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Child

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} 229 Chapel St

Cause of Death, First, (Primary.) Croup

Second, (Immediate.)

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cem

Date of Burial, Mch 12th 1880

Undertaker, H. M. Gitmyer

Place of Business, 341 Caston ave

J. Holt M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health. City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38378.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11. March 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Mendra

Sex, ~~Male~~ Female, {Cross out the words not required in this line.}

Age, 44 *Years,* 1 *Months,* 4 *Days*

Color, white

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany 40 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 86 ~~N~~ Caroline st.

Cause of Death, {First (Primary.) / Second (Immediate,)} old age 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 12th

{*Undertaker,* George Schilling / *Place of Business,* Ashland Square}

C Mattson M.D.
Medical Attendant.

Address, 67 Hoffman.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie McCathin

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, — *Years,* 2 *Months,* 18 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 116 Perkins Alley

Cause of Death { First, (Primary,) Capillary Bronchitis
Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 12-80

C. W. Cathin M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 330 W. Fayette St *Address,* 335 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma H. Borcherding

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 54 German St.

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, March 12th

R. J. H. Tull, M. D.
Medical Attendant.

Undertaker, F. N. Tull

Place of Business, #131 Hanover St. *Address,* 1528 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3837[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
11
1880
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, _____ *Years,* _____ *Months,* about 6 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Institution 5 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

Duration of last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 12. 1880

Mahony Brewer M. D.
Medical Attendant.

Undertaker, for Ramsford

Place of Business, 153 Division St.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Verlin Leslie

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore, In Litetime 5 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Hydrocephalus

Second, (Immediate.) Coma

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 12. 1880

Thos. Brown M. D.
Medical Attendant.

Undertaker, Jos Brannigan

Place of Business, 152 Division St.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph

Sex, Male or Female, {cross out the word not required in this line.} male

Age, _____ *Years,* _____ *Months,* _____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} _____

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bay view Asylum

Duration of Residence in the City of Baltimore, In Asylum 6 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 12. 1880

Mathew Brewer *M. D.*
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th... No. ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 38384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1880 - 11 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Holton

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 45 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty three years

Place of Death, {Give street and number} 36 Simmons Al.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Apnoea

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, March 12 /80

Undertaker, James D Byrne

Place of Business, No 13 n Front

C B Britton M. D.
Medical Attendant.

Address, 30 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Spriggs

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 84 *Years,* ..... *Months,* ..... *Days.*

Color, Col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Marylands

Duration of Residence in the City of Baltimore, About 50 Years

Place of Death, {Give street and number} No 10 Little Pitts St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Neuras Thenia (Chronic

Duration of last Sickness, Complaining for a long time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 12th 1880

Undertaker, Wm. Sumner Gray

Place of Business, 65 Mulberry

S. S. Antrim M. D.
Medical Attendant.

Address, 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. AND be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10 – 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Stabler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2 Upton st

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of last Sickness, Several weeks

I only saw this child once – within it was dying – I know nothing

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, March 12th 80

Undertaker, Wm Gamble Jr

Place of Business, 45 Mulberry

C H Winslow M. D.
Medical Attendant.

Address, 22 N. Caroll st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* ——— *Months,* ——— *Days.*

Color, Col'd *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Butler or Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 80 Munis Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 11th March 1880

A Rich M. D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, 1033 Gramte Address 30 N. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Harris

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 351 Vine st.

Cause of Death, First, (Primary,) Burned accidentally

Second, (Immediate,) .....

Duration of last Sickness, Twelve Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 12 1880

Gen'l Oph Conner M. D.
Medical Attendant.

Undertaker, Mary Howard

Place of Business, 357 Vine St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philamena Hohman

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} No. 181 Preston Street

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 5 m (months)

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 13 1880

Undertaker, H Hoeck

Place of Business,

A. J. Johnson M. D.
Medical Attendant.

Address 426 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT MAR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Charles E Lubers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Fifty Eight *Years,* Two *Months,* Twenty Three *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Foreman Baltimore City Water Works

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No 2114 North Broadway

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Three Weeks

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem Wm H. Coleudine M. D.

Date of Burial, March 14 1880 Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 369 N. Eutaw St. *Address,* No 1021 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38391.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Kaurath

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 44 *Years,* *Months,* 2 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, her life time

Place of Death, {Give street and number.} West Baltimore Street 907

Cause of Death, First (Primary,) Rupture of uterus during labor

Second (Immediate,) Collapsus

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14th

Undertaker, W. Tyrnel

Place of Business, W Biddle Street 252

A. F. Reinhard M. D.
Medical Attendant.

Address, 224 West Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna C. Dansmith

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 11 *Years,* 3 *Months,* 11 *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Balto Life

Place of Death, {Give street and number} #19 Ridgely St

Cause of Death {First, (Primary,) Rheumatism

{Second, (Immediate,) Dysentery Pericarditis

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 13th/80

Geo. H. Benson *M. D.*
Medical Attendant.

Undertaker, Wm J. Lickner

Place of Business, 65 S. Eutaw *Address,* 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT MAR 12 1880 BALTIMORE

CERTIFICATE OF ~~DEATH~~.

Date of Death, March 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Jane Moore

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, Color *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number.} 69 Oxford St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Moore's Cemetery

Date of Burial, March 12 1880

J. G. Thomas *M. D.*
Medical Attendant.

Undertaker, John C. Jones

Place of Business, 68 Saratoga

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 38394

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 38394

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Anna Heinel,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Sixty Fifty yrs.

Place of Death, {Give street and number} 8 E. Castle St.

Cause of Death First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Paralysis

Duration of last Sickness, Twenty months

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem.

Date of Burial, March 15th '80

Undertaker, H. France

Place of Business, 280 Eastern ave

H. G. Cook M. D.
Medical Attendant.

Address, Balt & Wash sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Eser

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 49 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} W. 80 Buchanan str

Cause of Death First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Mount Harmel Cemetery

Date of Burial, March 14 1880

Undertaker, Thos J Tyson

Place of Business, 1 Baltimore St 27

L P Mintermutz M. D.
Medical Attendant.

Address, 12 S Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E Clare

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 42 *Years,* 2 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number} 29 Frederick Ave

Cause of Death First, (Primary,) Tuberculosis

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Carroll county Bal & O, R R

Date of Burial, March 12th 1880

Undertaker, Jos. B Cook

Place of Business, No 707 N Baltimore Street

W H Keyser M. D.
Medical Attendant.

Address, 1700 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner; when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

No. 38397

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Sparks

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* 11 *Months,* 24 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butter Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Church Hill, Queen Anns Co. Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 34 Frederick Ave.

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls grave yard

Date of Burial, March 13th 1880

Undertaker, Jos. B. Cook

Place of Business, No 707 W Baltimore Street

L. A. Smithson M. D.
Medical Attendant.

Address, 534 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva C. Smith.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* 6 *Months,* ..... *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York.

Duration of Residence in the City of Baltimore, 11 years and nine months

Place of Death, {Give street and number} 1V E Washington Ave.

Cause of Death, First, (Primary,) Phthisis.

Second, (Immediate,)

Duration of last Sickness, Six (6) Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'y H. L. Spicer M. D.

Date of Burial, March 14 Medical Attendant.

Undertaker, H. Cook

Place of Business, 707 W. Baltimore St. *Address,* 37 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on the Reverse.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen L. Duffy

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 26 *Years,* 8 *Months,* — *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} N. E. Corner Register & Mc Culloh

Cause of Death { First, (Primary.) Catarhal Phthisis
Second, (Immediate,) Asthenia

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cemetery

Date of Burial, March 13th 1880

Jno. S. Lynch M. D.
Medical Attendant.

Undertaker, Jos. B. Cook

Place of Business, 1702 N Baltimore *Address,* 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Price

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, about 72 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Cart Driver

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number } 34 Burgundy al

Cause of Death { First, (Primary,) — Second, (Immediate,) Injuries rec'd on B. & O. R.R. in City

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 12th 1880

Undertaker, John L Mackie

Place of Business, Pacca & Concord

R. C. Lee M. D.
~~Medical Attendant~~
Coroners D.

N. W. cor *Address,* Hanover & Baltimore Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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